

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1-31-96 B-0576 C  
(9)

DOCUMENT # 755513

1. Corporation Name

DALE VILLAGE SOCIAL CLUB, INC.



Principal Place of Business

Mailing Address

4901 S.W. 27TH COURT  
PEMBROKE PARK FL 33023

4901 S.W. 27TH COURT  
PEMBROKE PARK FL 33023

3. Date Incorporated or Qualified  
12/11/1980

3a. Date of Last Report  
04/05/1995

2. Principal Place of Business  
21

2a. Mailing Address  
26

4. FEI Number  
65-0119026

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State  
23

City & State  
28

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip  
24

Country  
25

Zip  
29

Country  
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CERNY, DANIELLE  
4901 S.W. 27TH COURT  
DALE VILLAGE, INC.  
PEMBROKE PARK FL 33023

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent; and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LEMAY, HILAIRE	
STREET ADDRESS	4864 S.W. 26TH ST.	
CITY-ST-ZIP	PEMBROKE PARK FL 33023	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAVOIE, JULIETTE	
STREET ADDRESS	2660 SW 49TH AVE	
CITY-ST-ZIP	PEMBROKE PARK, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLARD, JEAN C	
STREET ADDRESS	4880 S.W. 28TH ST.	
CITY-ST-ZIP	PEMBROKE PARK FL 33023	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DENIS, JOANNETTE	
STREET ADDRESS	4855 SW 25 CT	
CITY-ST-ZIP	PEMBROKE PARK FL 33023	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FORGET, PAULINE	
STREET ADDRESS	4871 SW 26 CT	
CITY-ST-ZIP	PEMBROKE PARK, FL 00000 33023	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GARDNER, ROCH	
STREET ADDRESS	2780 S.W. 51 TERRASSE	
CITY-ST-ZIP	PEMBROKE PARK, FL 00000 33023	

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ELLEN ROACH	
1.3 STREET ADDRESS	2621 S.W. 48 Terr.	
1.4 CITY-ST-ZIP	PEMBROKE PARK, FL 33023	
2.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ESTELLE MASSE	
5.3 STREET ADDRESS	4870 S.W. 26 COURT	
5.4 CITY-ST-ZIP	PEMBROKE PARK, FL 33023	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Danielle Cerny DANIELLE CERNY 1-22-96 954-987-9471  
Signature and typed or printed name of signing officer or director  
Date Daytime Phone #

CR2E037 (12/95)