

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

DOCUMENT # **756811** (6)

1. Corporation Name

NEW MARK GLEN TENANTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6800 NW 39 AVENUE
RT. 2 BOX 823 158
COCONUT CREEK, FL 33073

6800 NW 39 AVENUE
RT. 2 BOX 823 158
COCONUT CREEK, FL 33073



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/17/1981

3a. Date of Last Report
04/26/1995

4. FEI Number

59-2145878

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☒ No

10. Name and Address of New Registered Agent

DUBOIS, VIRGINIA
6800 NW 39 AVE
RT 2 HBOX 158
COCONUT CREEK FL 33073

81 Name

PATRICK J. LAMBE

82 Street Address (P.O. Box Number is Not Acceptable)

6800 N.W. 39 AVENUE, LOT 264

83

84 City

COCONUT CREEK

FL

85 Zip Code

33073

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

PATRICK J. LAMBE - Patrick J. Lambe DATE **4-26-96**

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WEISS, BARBARA
STREET ADDRESS 6800 NW 39 AVE, LOT 113
CITY-ST-ZIP COCONUT CREEK FL

TITLE VPD
NAME LYTL, BILL
STREET ADDRESS 6800 NW 39 AVE, LOT 153
CITY-ST-ZIP COCONUT CREEK FL

TITLE VPD
NAME LABALBO, VERA
STREET ADDRESS 6800 NW 39 AVE LOT 163
CITY-ST-ZIP COCONUT CREEK FL

TITLE S
NAME DUBUIS, VIRGINIA
STREET ADDRESS 6800 N.W. 39 AVE, LOT 158
CITY-ST-ZIP COCONUT CREEK FL

TITLE T
NAME CARTER, RUBY
STREET ADDRESS 6800 NW 39 AVE LOT 200
CITY-ST-ZIP COCONUT CREEK FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME MARK BACHMAN
1.3 STREET ADDRESS 6800 N.W. 39 AVE, LOT 428
1.4 CITY-ST-ZIP COCONUT CREEK FL 33073

2.1 TITLE VPD
2.2 NAME JEFF BRADEN
2.3 STREET ADDRESS 6800 N.W. 39, AVE, LOT 368
2.4 CITY-ST-ZIP COCONUT CREEK, FL 33073

3.1 TITLE VPD
3.2 NAME BILL SHUPE
3.3 STREET ADDRESS 6800 N.W. 39 AVE, LOT 105
3.4 CITY-ST-ZIP COCONUT CREEK, FL 33073

4.1 TITLE S
4.2 NAME SUE McFACHERON
4.3 STREET ADDRESS 6800 N.W. 39 AVE, LOT 86
4.4 CITY-ST-ZIP COCONUT CREEK, FL 33073

5.1 TITLE T
5.2 NAME KIM RILEY
5.3 STREET ADDRESS 6800 N.W. 39 AVE, LOT 436
5.4 CITY-ST-ZIP COCONUT CREEK, FL 33073

6.1 TITLE
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: **William F. Shupe William F. Shupe 2nd** DATE **4-26-96** DAYTIME PHONE # **964-7258366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)