

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 PH 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762694 (8)

1. Corporation Name

LAS VERDES SOCIAL & CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5191 COPPERLEAF CIR.
DELRAY BCH FL 33484

5191 COPPERLEAF CIR.
DELRAY BCH FL 33484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1982

3a. Date of Last Report

07/01/1994

4. FEI Number

59-2330192

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

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

**LOPATA, S. E. P
5191 COPPERLEAF CIRCLE
DELRAY BEACH FL 33484**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

S. E. Lopata
Signature typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPO
NAME	SMILER, LARRY
STREET ADDRESS	15878 FORSYTHIA CIR.
CITY- ST- ZIP	DELRAY BCH, FL 00000
TITLE	PO
NAME	LOPATA, SEYMOUR
STREET ADDRESS	5191 COPPERLEAF CIRCLE
CITY- ST- ZIP	DELRAY BCH, FL 00000
TITLE	TD
NAME	PEELER, NED
STREET ADDRESS	5048 VIBURNUM ST.
CITY- ST- ZIP	DELRAY BCH, FL
TITLE	SD
NAME	STACHEL, WILLIAM
STREET ADDRESS	15868 FORSYTHIA CIR.
CITY- ST- ZIP	DELRAY BCH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ 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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LOPATA, S. E.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95
Date

407-498-9732
Daytime Phone #