

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **762694** (8)

1. Corporation Name

LAS VERDES SOCIAL & CIVIC ASSOCIATION, INC.

Principal Place of Business

**5191 COPPERLEAF CIR.
DELRAY BCH FL 33484**

Mailing Address

**5191 COPPERLEAF CIR.
DELRAY BCH FL 33484**



3. Date Incorporated or Qualified
03/31/1982

3a. Date of Last Report
04/20/1995

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

4. FEI Number

59-2330192

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

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 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

S. E. P. Lopata
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 **VPD** ☐ DELETE
NAME **SMILER, LARRY**
STREET ADDRESS **15876 FORSYTHIA CIR.**
CITY-ST-ZIP **DELRAY BCH, FL 00000**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **LOPATA, SEYMOUR**
STREET ADDRESS **5191 COPPERLEAF CIRCLE**
CITY-ST-ZIP **DELRAY BCH, FL 00000**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **PEELER, NED**
STREET ADDRESS **5048 VIBURNUM ST.**
CITY-ST-ZIP **DELRAY BCH, FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **TREASURER**
3.3 STREET ADDRESS **BERNARD LABUSH**
3.4 CITY-ST-ZIP **5310 LAS VERDES CR #222**
DELRAY BEACH FL 33484

TITLE **SD** ☐ DELETE
NAME **STACHEL, WILLIAM**
STREET ADDRESS **15968 FORSYTHIA CIR.**
CITY-ST-ZIP **DELRAY BCH, FL 00000**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **BERNARD LABUSH**
STREET ADDRESS **5310 LAS VERDES CR #222**
CITY-ST-ZIP **DELRAY BCH, FL 33484**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. E. P. Lopata
3/30/96 407-498-9732
Date Daytime Phone #

CR2E037 (12/95)