

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified 03/31/1982	
4. FEI Number 59-2330192	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent
**LOPATA, S. E. P
5191 COPPERLEAF CIRCLE
DELRAY BEACH FL 33484**

10. Name and Address of New Registered Agent	
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VPD	<input checked="" type="checkbox"/>
NAME	MAY, HURSCH	
STREET ADDRESS	5045 FORSYTHIA ST	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	LOPATA, SEYMOUR	
STREET ADDRESS	5191 COPPERLEAF CIRCLE	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	T	<input type="checkbox"/>
NAME	LABUSH, BERNARD	
STREET ADDRESS	5310 LAS VERDES CIRCLE #222	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/>
NAME	STACHEL, WILLIAM	
STREET ADDRESS	15968 FORSYTHIA CIR.	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	ED WEINBERG		
1.3 STREET ADDRESS	5372 LAUREL OAK ST		
1.4 CITY-ST-ZIP	DELRAY BEACH FL 33484		
2.1 TITLE	ARTHUR WEINER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	15556 BOTTLE BRUSH CIR		
2.3 STREET ADDRESS	DELRAY BEACH FL 33484		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Arthur Weiner* **ARTHUR WEINER** 2/13/98 561 496 5631

CR2E037 (10/97)