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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90074 023 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 762694**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/31/1982

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

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

TITLE **VPD** ☒ DELETE  
NAME **WEINBERG, ED**  
STREET ADDRESS **5372 LAURAL OAK ST**  
CITY-ST-ZIP **DELRAY BCH, FL 00000 33484**

TITLE **PD** ☐ DELETE  
NAME **WEINER, ARTHUR**  
STREET ADDRESS **15556 BOTTLE BRUSH CIR**  
CITY-ST-ZIP **DELRAY BCH, FL 00000 33484**

TITLE **T** ☒ DELETE  
NAME **LABUSH, BERNARD**  
STREET ADDRESS **5310 LAS VERDES CIRCLE #222**  
CITY-ST-ZIP **DELRAY BEACH FL**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VPD** ☒ Change ☐ Addition  
1.2 NAME **PETUR SARNO**  
1.3 STREET ADDRESS **5160 LAS VERDES CIR**  
1.4 CITY-ST-ZIP **DELRAY BEACH FL 33484**

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

3.1 TITLE **THOMSON** ☒ Change ☐ Addition  
3.2 NAME **RICHARD BENDER**  
3.3 STREET ADDRESS **15729 BOTTLEBRUSH CIR**  
3.4 CITY-ST-ZIP **DELRAY BEACH FL 33484**

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 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, with all other like empowered.

**SIGNATURE:** *Arthur Weiner* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/10/99*

Date

*561 496 5631*

Daytime Phone #

CR2E037 (11/98)