


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90036 039 \*\*\*\*61.25

<b>DOCUMENT # 762694</b> 1. Entity Name <b>LAS VERDES SOCIAL &amp; CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>15556 BOTTLE BRUSH CIRCLE DELRAY BCH FL 33484</b>			Mailing Address <b>15556 BOTTLE BRUSH CIRCLE DELRAY BCH FL 33484</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>WEINER, ARTHUR 15556 BOTTLE BRUSH CIRCLE DELRAY BEACH FL 33484</b>				7. Name and Address of New Registered Agent Name <b>George Untener</b> Street Address (P.O. Box Number is Not Acceptable) <b>5395 Viburnum Cir</b> City <b>Delray Beach</b> <b>FL</b> Zip Code <b>33484</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>George Untener</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SARNO, PETER 5160 LAS VERDE CIRCLE DELRAY BEACH FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Arthur weiner 15556 Bottle brush Cir Delray Beach FL 33484	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINER, ARTHUR 15556 BOTTLE BRUSH CIR DELRAY BCH, FL 00000 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President George Untener 5395 Viburnum Cir Delray Beach, FL 33484	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENDER, RICHARD 15729 BOTTLEBUSH CIR DELRAY BEACH FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOODMAN, CHARLES 15880 LAUREL OAK CIRCLE DELRAY BEACH FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <i>Richard Bender</i> RICHARD BENDER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1/24/05 561-496 2019</b> <small>Date Daytime Phone #</small>		