



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90188 009 ****61.25

DOCUMENT # 762694 1. Entity Name LAS VERDES SOCIAL & CIVIC ASSOCIATION, INC.					
Principal Place of Business 15556 BOTTLE BRUSH CIRCLE DELRAY BCH, FL 33484				Mailing Address 15556 BOTTLE BRUSH CIRCLE DELRAY BCH, FL 33484	
2. Principal Place of Business <i>5395 VIBURNUM CIR</i>		3. Mailing Address <i>5395 VIBURNUM CIR</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Delray Beach</i>		City & State <i>Delray Beach</i>			
Zip <i>33484</i>		Zip <i>33484</i>			
Country <i>Palm Beach</i>		Country <i>Palm Beach</i>		01082006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2330192				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNTENER, GEORGE 5395 VIBURNUM CIR DELRAY BEACH, FL 33484				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 (Pres)</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>1/9/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEINER, ARTHUR 15556 BOTTLE BRUSH CIR DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UNTENER, GEORGE 5395 VIBURNUM CIR DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: <i>Richard Bender</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>1/9/06</i> Daytime Phone # <i>561 496 2019</i>	