

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N02774** (0)  
1. Corporation Name

**FLORIDA STATE B'NAI B'RITH SENIOR CITIZENS HOUSING CORPORATION, INC.**



Principal Place of Business: **299 SW 3RD AVE. DEERFIELD BEACH FL 33441**  
Mailing Address: **299 SW 3RD AVE. DEERFIELD BEACH FL 33441**

3. Date Incorporated or Qualified: **04/26/1984**  
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

4. FEI Number: **59-2412944**  
Applied For:  Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25** Zip: **29** Country: **30**

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**

**HAHAMOVITCH, DONALD  
7770 WEST OAKLAND PARK BLVD  
SUITE 470  
FT. LAUDERDALE FL 33351**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | VPD<br>HAHAMOVITCH, DONALD E.<br>7770 W OAKLAND PARK BLVD<br>SUNRISE FL     | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VP<br>KONIGSBURG, LEONARD<br>1000 S. FEDERAL HWY #200<br>DEERFIELD BEACH FL | 12 NAME   | <b>200001792082</b>   |
| STREET ADDRESS             | D<br>SCHWEBEL, ARTHUR<br>5231 SW 18TH ST.<br>PLANTATION FL                  | 13 STREET ADDRESS                                     | <b>-04/24/95--01017--016</b>                                      |
| CITY-ST-ZIP                | STD<br>FENTIN, ARTHUR<br>9831 HARBOR LAKES CIRCLE<br>BOYNTON BEACH FL 33437 | 14 CITY-ST-ZIP  | <b>***61.25</b>   |
| TITLE                      | T<br>KINKER, LEONARD<br>4710 NE 26 AVE<br>FT. LAUDERDALE FL 33308           | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Paul Littman<br>Lynhurst J-3039<br>Deerfield Beach, Fl. 33442               | 22 NAME   | <b>President</b>  |
| STREET ADDRESS             |   | 23 STREET ADDRESS                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                |   | 24 CITY-ST-ZIP  |   |
| TITLE                      |   | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 32 NAME   | <b>Director</b>   |
| STREET ADDRESS             |   | 33 STREET ADDRESS                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                |   | 34 CITY-ST-ZIP  |   |
| TITLE                      |   | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 42 NAME   | <b>Vice President</b>   |
| STREET ADDRESS             |   | 43 STREET ADDRESS                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                |   | 44 CITY-ST-ZIP  |   |
| TITLE                      |   | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 52 NAME   |   |
| STREET ADDRESS             |   | 53 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |   | 54 CITY-ST-ZIP  |   |
| TITLE                      |   | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 62 NAME   |   |
| STREET ADDRESS             |   | 63 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |   | 64 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: *Leonard Konigsburg* **Leonard Konigsburg - Pres. 4/18/96 305-426-5577**  
Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E037 (12/95)

*4/23/96 LR*