

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010168

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** FORT LAUDERDALE BEACH VILLAGE MERCHANTS ASSOCIATION INC.

**Current Principal Place of Business:**

911 SUNRISE LANE  
FORT LAUDERDALE, FL 33304 US

**New Principal Place of Business:**

**Current Mailing Address:**

911 SUNRISE LANE  
FORT LAUDERDALE, FL 33304 US

**New Mailing Address:**

**FEI Number:** 27-1188480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHIAVONE, TIM J SR.  
911 SUNRISE LANE  
FORT LAUDERDALE, FL 33304 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SCHIAVONE, TIM J SR.  
**Address:** 911 SUNRISE LANE  
**City-St-Zip:** FORT LAUDERDALE, FL 33304 US

**Title:** VP  
**Name:** FELDMON, LEE .  
**Address:** 11401 PINES BLVD  
**City-St-Zip:** PEMBROKE PINES FL, FL 333026 FL

**Title:** S  
**Name:** KEARNEY, DONAL J SR.  
**Address:** 3020 SE 32 AVE APT.1  
**City-St-Zip:** FORT LAUDERDALE, FL 33308 FL

**Title:** T  
**Name:** GILBERT, ROBERT  
**Address:** 901 N. BIRCH RD. D8  
**City-St-Zip:** FORT LAUDERDALE, FL 33304

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** TIM SCHIAVONE

PRES

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date