

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 # **N15047** (6)

1. Corporation Name

SOUTH FLORIDA CHAPTER OF THE FLORIDA PLANNING AND ZONING ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9023 SW 78TH PL
MIAMI FL 33156
US

9023 SW 78TH PL
MIAMI FL 33156
US

3. Date Incorporated or Qualified
05/21/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2686638

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

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

VALERA, JOSE E.
9023 SW 78TH PL
275 N.W. 2ND ST.
MIAMI FL 33156

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

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 PD ☒ DELETE
NAME VALERA, JOSE E.
STREET ADDRESS 9023 SW 78TH PL
CITY-ST-ZIP MIAMI FL

TITLE VPD ☐ DELETE
NAME VAGALINE, THOMAS J.
STREET ADDRESS 17011 NE 199TH AVE
CITY-ST-ZIP N MIAMI BCH FL

TITLE VPD ☐ DELETE
NAME CAIN, DIANE M.
STREET ADDRESS 140739 SW 84TH TERR
CITY-ST-ZIP MIAMI FL

TITLE VD ☒ DELETE
NAME BOURQUEIN, GEORGE
STREET ADDRESS 1385 NE 139TH ST.
CITY-ST-ZIP NORTH MIAMI FL

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 ☒ Change ☐ Addition
1.2 NAME **P**
1.3 STREET ADDRESS **Mc Manus, Joseph W.**
1.4 CITY-ST-ZIP **1410 Mantua Ave.**
Coral Gables, FL 33146

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **Dean J. Grandin**
4.4 CITY-ST-ZIP **1700 Convention Center Drive**
Miami Beach FL

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph W. Mc Manus, President

4/24/96 (305) 665-2270

Date

Daytime Phone #

CR2E037 (12/95)