## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 22 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**1998**DOCUMENT #

STREET ADDRESS

N21812

(5)

1. Corporation	n Name	· /						
S.T. BUILDING FUND, INC.						1 (80)(10) 418 (100) 12841 1876 11810 1181 41011 8	1011 B1831 B1811 B1	#73 M1834 (NA)
Principal Place of Business Mailing Address						- -	B	8   <b>8  </b>
% PHILIP CHESLER % PHILIP CHESLER						3. Date Incorporated or Qualified		
7076 HUNTINGTON LANE. APT. 806 7076 HUNTINGTON LANE. AP				<del>;</del>		07/31/1987		
DELRAY BEACH FL 33446 DELRAY BEACH FL 334			46			4. FEI Number	An	plied For
						65-0021068	<del></del>	t Applicable
2. Principal Place of Business   2a. Mailing Address							\$8.75	
21	26					5. Certificate of Status Desired	Fee Re	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing	\$5.00 1	viav Be
22		27	27			Trust Fund Contribution	Added to	
City & State	₹	City & State				7. Is this nonprofit corporation a homeowners apsociation?		
23		28				Yes V No		
Zip	Country	Zip	∞	untry		8. This corporation owes or has paid the cu		
24	25 29 30							No
	9. Name and Address of Current	Registered Agent	104		10. Name and Address of New Registered	Agent		
				81	Name			
FERDIE, AINSLEE R.				82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
717 PONCE DE LEON BLVD.								
SUITE 215				83				1
CORAL GABLES FL 33134					City	FL	85 Zip 0	ŀ
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the about office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statu					named corpo he corporatio	ration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its pointment as	s registered registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 617.0503,	Florida Sta	tutes.	•			-
SIGNATURE_			(OT- D - )			when reinstating) DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.		signature required	Lythen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12
TITLE	TD	DELETE	1,1 T				Change	Addition
NAME	CHESLER, PHILIP	<del>_</del>	ı.	IAME				
STREET ADDRESS	1		1,3 STREET ADDRESS		ORESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP				1
TITLE	VD DELETE 2.11			-"	1,1-1	Change	☐ Addition	
NAME	_		IAME				İ	
STREET ADDRESS	FANSHAW I 377		- 1	TREET AD	DRESS			
CITY-ST-ZIP			DITY-ST-	1				
TITLE	PD DELETE 3.1					Change	Addition	
NAME	SHANDLER, HENRY		3.2 N	IAME				
STREET ADDRESS	14055 NESTING WAY		3.3 S	TREET AD	DRESS			
CITY-ST-ZIP	DELRAY BEACH FL		3.4. (	CITY-ST-	ZIP			
TITLE		DELETE	4,1 T				Change	☐ Addition
NAME			4.21	NAME				
STREET ADDRESS				TREET AD	IDRESS			
CITY-ST-ZIP			1	ITY-ST-	i			
TITLE		☐ DELETE	5.1 T				Change	Addition
NAME			5.2 N	IAME				
STREET ADDRESS			5.3 \$	TREET AD	DRESS			1
CITY-ST-ZIP				ITY-ST-				
TITLE		DELETE	6.1 T				Change	Addition
NAME			6.2 N	AME	1			1

14. 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 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.

6,3 STREET ADDRESS

SIGNATURE: PHILIP CHESTER E OUTING CHEST 1/8/98 561-496-32-4