

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:04

DOCUMENT # N27780 (8)

1. Corporation Name

LARCHMONT APARTMENTS SECTION NO. 1, INC.

Principal Place of Business

Mailing Address

%ROBERT A. KIMBROUGH
1530 CROSS STREET
SARASOTA FL 34236

%ROBERT A. KIMBROUGH
1530 CROSS STREET
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1988

3a. Date of Last Report

02/28/1994

4. FEI Number

59-1796387

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

7. Nonprofit with IRS 601(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

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

KIMBROUGH, ROBERT A.
1530 CROSS STREET
SARASOTA FL 34236

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 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GONWAY, JACK DOUSE, JACK
STREET ADDRESS 430 EL VERNONA 420 EL VERNONA
CITY - ST - ZIP SARASOTA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE TD
NAME EUWEMA, ROBERT
STREET ADDRESS 402 EL VERNONA
CITY - ST - ZIP SARASOTA FL

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

TITLE D
NAME CLARK, SUSAN FENOT, HARRY
STREET ADDRESS 414 EL VERNONA 406 EL VERNONA
CITY - ST - ZIP SARASOTA FL

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

TITLE D
NAME DOUSE, JACK ROBERTS, TONY
STREET ADDRESS 420 EL VERNONA 424 EL VERNONA
CITY - ST - ZIP SARASOTA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE VD
NAME DICKINSON, ROBERT
STREET ADDRESS 428 EL VERNONA
CITY - ST - ZIP SARASOTA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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:

Robert A. Kimbrough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N27977 (0)

1. Corporation Name

THE PROFESSIONAL FIRE FIGHTERS OF PALM BEACH COUNTY, LOCAL 2928, IAFF, INC.

Principal Place of Business

Mailing Address

2020 S. CONGRESS AVENUE, #2B
WEST PALM BEACH FL 33406

2020 S. CONGRESS AVENUE, #2B
WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1988

3a. Date of Last Report

01/21/1994

4. FEI Number

59-2398566

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DUBIN, F. KEITH~~
KAPLAN & BLOOM, P.A.
3900 WOODLAKE BLVD STE. 212
LAKE WORTH FL 33463

81

Name

MATTHEW J. MIERZWA JR

82

Street Address (P.O. Box Number is Not Acceptable)

KAPLAN & BLOOM P.A.

83

3900 WOODLAKE BLVD #212

84

City

LAKE WORTH

FL

85

Zip Code

33463

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director of the corporation and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

BEESLEY, RONALD J.

STREET ADDRESS

1672 LIVE OAK DR.

CITY-ST-ZIP

WEST PALM BEACH FL

TITLE

VD

NAME

MAYO, MICHAEL J.

STREET ADDRESS

1342 SW AMBOY AVE.

CITY-ST-ZIP

PORT ST. LUCIE FL

TITLE

VD

NAME

RHODES, RICHARD K

STREET ADDRESS

2446 S.W. DANBURY LANE

CITY-ST-ZIP

PALM CITY FL

TITLE

TD

NAME

METZ, LYALL

STREET ADDRESS

2082 TRINIDAD COURT

CITY-ST-ZIP

WEST PALM BEACH FL

TITLE

SD

NAME

NAULT, ARMAND

STREET ADDRESS

1734 PINTAIL DRIVE

CITY-ST-ZIP

WELLINGTON FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/95

407-642-4378