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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N35021** **(7)**

1. Corporation Name

**COALITION FOR CENTURY VILLAGE EAST HOMEBOUND, IN C.**

| Principal Place of Business | Mailing Address |
|---|---|
| MARKHAM B 36<br>DEERFIELD BEACH FL 33443-0036 | MARKHAM B 36<br>DEERFIELD BEACH FL 33443-0036 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1989
3a. Date of Last Report: 02/16/1994
4. FEI Number: NOT APPLICABLE ☐ 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 47 ASHBY A | 26 47 ASHBY A |
| Suite, Apt. #, etc.<br>22 APT. 47 | Suite, Apt. #, etc.<br>27 APT. 47 |
| City & State<br>23 DEERFIELD BEACH, FL | City & State<br>28 DEERFIELD BEACH, FL |
| Zip 24 33442 Country 25 | Zip 29 33442 Country 30 |

**9. Name and Address of Current Registered Agent**

LASS, STELLA
MARKHAM B 36
DEERFIELD BEACH FL 33442

**10. Name and Address of New Registered Agent**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 11 TITLE | DP ☒ Change ☐ Addition |
| NAME | LASS, STELLA | 12 NAME | SIDNEY FEINBERG |
| STREET ADDRESS | MARKHAM B 36 | 13 STREET ADDRESS | 47 ASHBY A |
| CITY-ST-ZIP | DEERFIELD BEACH FL | 14 CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 |
| TITLE | DT | 21 TITLE | DV ☒ Change ☐ Addition |
| NAME | SCHNEIDER, ESTHER | 22 NAME | MARIAN COHEN |
| STREET ADDRESS | MARKHAM B 48 | 23 STREET ADDRESS | 1012 LYNDHURST H |
| CITY-ST-ZIP | DEERFIELD BCH FL | 24 CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 |
| TITLE | DS | 31 TITLE | DT ☒ Change ☐ Addition |
| NAME | SCHULDENFREI, PAUL | 32 NAME | NATHAN KRASNOFF |
| STREET ADDRESS | CAMBRIDGE D 3062 | 33 STREET ADDRESS | 2026 NEWPORT H |
| CITY-ST-ZIP | DEERFIELD BEACH FL | 34 CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 |
| TITLE | D | 41 TITLE | DS ☒ Change ☐ Addition |
| NAME | BARR, IRVING | 42 NAME | ESTA SCHNEIDER |
| STREET ADDRESS | ISLEWOOD B 27 | 43 STREET ADDRESS | 4093 OAKRIDGE U |
| CITY-ST-ZIP | DEERFIELD BEACH FL | 44 CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 |
| TITLE | D | 51 TITLE | D ☒ Change ☐ Addition |
| NAME | DVORIN, IRV | 52 NAME | SALLY GERSON |
| STREET ADDRESS | DURHAM N 418 | 53 STREET ADDRESS | 84 NEWPORT E |
| CITY-ST-ZIP | DEERFIELD BEACH FL | 54 CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 |
| TITLE | | 61 TITLE | D ☒ Change ☐ Addition |
| NAME | | 62 NAME | STELLA LASS |
| STREET ADDRESS | | 63 STREET ADDRESS | 36 MARKHAM B |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 |

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)(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.

SIGNATURE: Nathan Krasnoff NATHAN KRASNOFF DIRECTOR TREASURER 4/10/95 (305) 429-0851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012425