## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N36628

(8)

CANE	MADOO	TOWNIDONES	п	ASSOCIATION.	IMC
SAN	MAHLLI	TUWNHUMES	ш	ASSULIATION:	INU.

Principal Place of Business Mailing Address							A LUBERTON DOME CARANTOLISM DITTOL				
	ST ALE FL 33301	. FT. LAU	: 1ST ST DERDALE FL 3:	3301							
US		us	U\$				3. Date incorporated or Qualified 3a. Date of Last Repo 02/09/1990 02/06/1995				
2. Principal Pla	ace of Business	2a. Mailing	2a. Mailing Address							Applied For	
21 5 A A	1 E	26 SAME					65-0229842 Not Applicable				
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee Hequired		
City & State		<del></del> 1	City & State			1	<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	9 🗆	\$5.00 May Be Added to Fees		
Zip Country		Zip					This corporation has liability for intangible tax under s. 199.032,				
24	25	29		30			Florida Statutes				
	9. Name and Address of C	urrent Registered A	Agent		21		10. Name and Address of Ne	w Registe	red Agent		
				6	1 Name	е					
	HOMAS P			8	2 Stree	et Address	(P.O. Box Number is Not Accept	otable)			
1317 N E 1ST STREET				8	3			<del></del>			
FT LAUD	DERDALE FL 33301								<b> 85</b> Z	ip Code	
				°	4 City				F <b>L</b> .  °°   <i>*</i>	ip Code	
11. Pursuant t	o the provisions of Sections 617 ed agent, or both, in the State o h, and accept the obligations of	.0502 and 617.1508 f Florida. <b>B</b> uch chang	Florida Statute	es, the above	named or	corporations board c	n submits this statement for the forectors. I hereby accept the	purpose o	f changing its nt as registered	registered office d agent. I am	
familiar wit	h, and accept the obligations of	Section 617.0503, F	lorida Statutes	,	•		•				
SIGNATURE	Signature, typed or printed name of registere	d agent and the if applicable.	PRES	TE: Registered A	nont sinnature	a recuiros sut:	es reinstation*	OA	7F		
12.		S AND DIRECTORS	(10	13.	gent a grianori	b required Wil	ADDITIONS/CHANGES TO		<del></del>	ORS IN 12	
TITLE	PD	0	DELETE	1.1 TITL		Ĭ		·	☐ Change	Addition	
NAME	HAGY, THOMAS P			1.2 NAM	Έ						
STREET ADDRESS	1317 NE 1ST ST			1.3 STR	ET ADDRESS	s					
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 D(TY	-ST-ZIP						
TITLE	ST		DELÉTÉ	21 TITL	E				Change	Addition	
NAME	HAGY, JANICE P			2 2 NAM							
STREET ADDRESS	1317 NE 1ST ST				ET ADDRESS	S					
CITY - ST - ZIP	FT LAUDERDALE FL		DELETE	2. 4 CIT	r-ST-ZIP				Change	Addition	
TITLE	VP		[_]btttl	32 NAM					change		
NAME STREET ADDRESS	CONRAD, KEITH 1319 NE 1ST STREET				ET ADDRESS	s					
CITY-ST-ZIP	FT LAUDERDALE FL				r-St-ZiP	<b>~</b>					
TITLE	D		DELETE	4 1 TITU		GÉ	ORGE RAEL		☐ Change	Addition	
NAME	FAILLA, JOHN		<i>(</i> )	4 2 NA	AE.	12	15 N.E. ISTSTR	EET			
STREET ADDRESS	101 N E 14TH AVE			4.3 STR	ET ADDRESS	S CT	LAUDERDALE	Fl.	23301		
CITY-ST-ZIP	FT LAUDERDALE FL			4.4 CITY	-ST-ZIP	F1,	LAUGEROALE	, ,			
TITLE	D		DELETE	5 1 TITU	E				Change	Addition	
NAME	HALL, TERESA		,	5 2 NAM						i	
STREET ADDRESS	103 N E 14TH AVE			l l	ET ADDRESS	s					
CITY-ST-ZIP	FT LAUDERDALE FL		[ Decert	_	-ST-ZIP	-			☐ Change	Addition	
TITLE	D D		DELETE	6.1 TITU					— спанда	- Addition	
NAME otogra address	SMOCK, LINDA			6.2 NAM		٠					
STREET ADDRESS	1313 N E 1ST STREET				ET ADDRESS	<b>~</b>					
CITY-ST-ZIP	FT LAUDERDALE FL y certify that the information sup	plied with this filing is	voluntarily furn	ished and d	-ST-ZIP bes not q	ualify for t	he exemption stated in Section	119.07(3)(k	), Florida Statu	utes. I further	
certify that oath: that	the information indicated on the lam an officer or director of the Block 12 or Block 13 if change	s annual report or sup corporation or the re	oplemental ann ceiver or truste	ual report is e empowere	true and :	accurate a	and that my signature shall have	the same i	egal errect as	it made under	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE FOR DIRECTOR

3/16/96 (454)832-0446