

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 # N48317 (4)

1. Corporation Name

VILLAGE PRIDE ASSOCIATION, INC.



Principal Place of Business

240 NATCHEZ CT.  
ROYAL PALM BEACH FL 33411

Mailing Address

240 NATCHEZ CT.  
ROYAL PALM BEACH FL 33411

3. Date Incorporated or Qualified  
04/10/1992

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0424655

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

FUCHS, LAWRENCE M.  
590 ROYAL PALM BECH BLVD.  
ROYAL PALM BEACH FL 33411

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME PARADIS, BERYL (B.J.)  
STREET ADDRESS 240 NATCHEZ CT.  
CITY-ST-ZIP ROYAL PALM BEACH FL

☐ DELETE

TITLE DV  
NAME PARENTI, MICHAEL J.  
STREET ADDRESS 218 PONCE DE LEON  
CITY-ST-ZIP ROYAL PALM BEACH FL

☐ DELETE

TITLE DST  
NAME KELLER, GLORIA  
STREET ADDRESS 206 PAR DR  
CITY-ST-ZIP ROYAL PALM BCH FL

☐ DELETE

TITLE D  
NAME NICHOLAS ALLESANDRIA  
STREET ADDRESS 217 VAN GOGH ST  
CITY-ST-ZIP ROYAL PALM BEACH FL

☐ DELETE

TITLE D  
NAME BOLINSKI, THOMAS  
STREET ADDRESS 1050 ROYAL PALM BCH BLVD  
CITY-ST-ZIP ROYAL PALM BEACH FL

☒ DELETE

TITLE D  
NAME CASTO, RAY  
STREET ADDRESS 242 NATCHEZ CT  
CITY-ST-ZIP ROYAL PALM BEACH FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

*Lawrence M. Fuchs*  
PRESIDENT

4-25-96

Date

Daytime Phone #

407-793-8149

CR2E037 (12/95)