2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 8:00 am
Secretary of State
02-15-2008 90011 002 ****61.25

DOCUMENT # N48509

1. Entity Name

MT. SINAI CEMETERY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2920 N PENNINSULA DR DAYTONA BEACH FL 32118 US	P.O. BOX 62 DAYTONA FL 32115 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
152 SANDCASTLE DR.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORMOND BEACH FL	City & State
Zip: 32176 Country: USA	Zip Country

4. FEI Number: 23-7075029 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOLINER, JEROME N. 2920 N PENINSULA DR DAYTONA BEACH FL 32118	Name: ROB TABASKY Street Address (P.O. Box Number is Not Acceptable): 152 SANDCASTLE DR. City: ORMOND BEACH FL Zip Code: 32176

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] ROB TABASKY D/P 2/8/8
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DOLINER, JEROME N. 2920 N. PENINSULA DR. DAYTONA BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR / PRESIDENT ROB, TABASKY 152 SANDCASTLE DR. ORMOND BEACH, FL. 32176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV OSSINSKY, LOUIS, JR. 913 PENINSULA DRIVE ORMOND BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT TABASKY, BOB 152 SANDCASTLE DRIVE ORMOND BEACH FL 32176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR / TREASURER CELESTE DOLINER 2920 N. PENINSULA DR. DAYTONA BEACH, FL. 32118	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATZ, DORIS P. 395 S. ATLANTIC AVE. ORMOND BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR IRA FREEDMAN 4 MAYFIELD TERR. ORMOND BEACH, FL. 32174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS UNATION, STEVEN 513 OYSTER BAY DR ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ROB TABASKY D/P/PRES 2/8/8 (386) 252-0676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #