

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 # N49691 (1)
1. Corporation Name
WILD PEACOCK NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address
% LAURENCE A. PARNES
2600 DOUGLAS RD., SUITE 708
CORAL GABLES FL 33134
% LAURENCE A. PARNES
2600 DOUGLAS RD., SUITE 708
CORAL GABLES FL 33134

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

3. Date Incorporated or Qualified 06/30/1992 3a. Date of Last Report 01/30/1995
4. FEI Number 65-0343113 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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

KEMPSTER, KAROL
3800 HIBISCUS
COCONUT GROVE FL 33133

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE D ☐ DELETE
NAME WECHSLER, LOUIS G.
STREET ADDRESS 3660 ROYAL PALM AVE.
CITY-ST-ZIP MIAMI FL 33133
TITLE D ☒ DELETE
NAME KEMPSTER, KAROL
STREET ADDRESS 3608 ROYAL PALM AVE.
CITY-ST-ZIP MIAMI FL 33133
TITLE D ☒ DELETE
NAME BERNSTEIN, ROGER M.
STREET ADDRESS 3608 ROYAL PALM AVE.
CITY-ST-ZIP MIAMI FL 33133
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME JAMES FAILL
1.3 STREET ADDRESS 3537 ROYAL PALM AVE
1.4 CITY-ST-ZIP MIAMI FL 33133
2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME AL AROSTEGUI
2.3 STREET ADDRESS 3649 ROYAL PALM AVE
2.4 CITY-ST-ZIP MIAMI FL 33133
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE 000001829170 ☐ Change ☐ Addition
4.2 NAME -05/20/96--01041--021
4.3 STREET ADDRESS ***61.25
4.4 CITY-ST-ZIP
5.1 TITLE 000001828820 ☐ Change ☐ Addition
5.2 NAME -05/20/96--01001--021
5.3 STREET ADDRESS ***61.25
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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)