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 FEB 22 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N50981** **(2)**

1. Corporation Name
MALVERN NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7600 NOB HILL ROAD TAMARAC FL 33321	3500 GATEWAY DRIVE #202 POMPANO BEACH FL 33069 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1992
3a. Date of Last Report: 03/24/1994
4. FEI Number: 65-0374189 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J.
700 N.W. 107TH AVENUE
MIAMI FL 33172

10. Name and Address of New Registered Agent

31 Name: MIMI BERNSTEIN
32 Street Address (P.O. Box Number is Not Acceptable)
33 9927 MALVERN DR
34 City: TAMARAC FL 35 Zip Code: 33321

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: Mimi Bernstein 2-16-95
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	RIEFS, MARTIN L.	1.2 NAME	HERB HIRSH	
STREET ADDRESS	7600 NOB HILL ROAD	1.3 STREET ADDRESS	9714 MALVERN DR	
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	VD	2.1 TITLE	V/D	☑ Change ☐ Addition
NAME	SCHRAGER, MARLENE	2.2 NAME	ELLIOTT HERRING	
STREET ADDRESS	7600 NOB HILL ROAD	2.3 STREET ADDRESS	9716 MALVERN DR.	
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
TITLE	STD	3.1 TITLE	S/D	☑ Change ☐ Addition
NAME	PEDONE, SUE	3.2 NAME	MIMI BERNSTEIN	
STREET ADDRESS	7600 NOB HILL ROAD	3.3 STREET ADDRESS	9927 MALVERN DR.	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
TITLE		4.1 TITLE	T/D	☑ Change ☐ Addition
NAME		4.2 NAME	STANLEY GILES	
STREET ADDRESS		4.3 STREET ADDRESS	9755 MALVERN DR.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
TITLE		5.1 TITLE	D/D	☑ Change ☐ Addition
NAME		5.2 NAME	TED GLANTZ	
STREET ADDRESS		5.3 STREET ADDRESS	9729 MALVERN DR.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		6.1 TITLE		☐ Change ☑ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		2/24

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: Herbert Hirsh 2/11/95 305-724-0488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0008979