

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N93000004112 (9)**

1. Corporation Name

FOPA LAKE WORTH LODGE #1, INC.

Principal Place of Business

**4793 HOLIDAY WAY
WEST PALM BEACH FL 33415-4623
US**

Mailing Address

**4793 HOLIDAY WAY
WEST PALM BEACH FL 33415-4623
US**3. Date Incorporated or Qualified
09/13/19933a. Date of Last Report
01/31/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2348740

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

**WEINBERG, GEORGE M
4793 HOLIDAY WAY
WEST PALM BEACH FL 33415**

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

George M. Weinberg
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **BRANDT, IDA**
CITY - ST - ZIP **10 16TH AVE N
LAKE WORTH FL**1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP **33460-1908**TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **WEINBERG, GEROGE**
CITY - ST - ZIP **4793 HOLIDAY WAY
WEST PALM BEACH FL**2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **WEINBERG, GEORGE**
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP **33415-4623**TITLE ☐ DELETE
NAME **FVD**
STREET ADDRESS **RAIMONDI, SALVATORE**
CITY - ST - ZIP **1024-1034 28TH ST.
W PALM BEACH FL**3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP **33407-5317**TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **BLAIR, FRED**
CITY - ST - ZIP **22624 SW 54TH AVE
BOCA RATON FL**4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **SID ZURITSKY**
4.4 CITY - ST - ZIP **1061 SINGER DR
SINGER IS. FL 33404-2764**TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **CAVARETTA, JOSEPH**
CITY - ST - ZIP **147 HAMMOCKS DR
WEST PALM BEACH FL**5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP **33413-2055**TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **SOYT, SEYMOUR**
CITY - ST - ZIP **14245 CAMPANELLI DR
DELRAY BEACH FL**6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **MICHAEL TAIT**
6.4 CITY - ST - ZIP **826 N ATLANTIC DR
LANTANA FL 33462-1928**

14. I do hereby certify that the information supplied with this filing 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:

George M. Weinberg
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1-8-97

Date

Daytime Phone # 0041264

CR2E037 (9/96)