FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

FILED Feb 03 1998 8:00am Secretary of State

1. Corporation Name (0)												
FIPA REGION #9, INC.												
Principal Place of Business Mailing Address												
2240 WOOLBRIGHT ROAD SUITE 326 SUITE 326 SUITE 326										3. Date Incorporated or Qualified		
BOYTON BEACH FL 33426 BOYTON BEACH FL 33426										09/15/1993 4. FEI Number Applied For		
										65-0436565 Not Applicable		
2. Principal P	lace of Bus	ness		2a. Mailing Address						5. Certificate of Status Desired \$8.75 Additional		
Suite, Apt.	# oto			Suite, Apt. #, etc.					-	Fee Required		
22 Suite, April	.#, BIG.		$\overline{}$	27					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
City & Stat	e			City & State						7. is this nonprofit corporation a homeowners association?		
23		·		28						☐ Yes 💆 No		
Zip		—	Country Zip		ip	Country 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
24	9. Name and Address of Currer									10. Name and Address of New Registered Agent		
							81	Name				
BIRDŞAL	LL, LYNN						82	Street	Addre	ess (P.O. Box Number is Not Acceptable)		
2240 W	OOLBRIGH	T RO				Ĺ		and the discount of the following species of the first of				
SUITE 326							83					
BOYTON BEACH FL 33426							84	City FL 85 Zip Cod				
11. Pursuant	to the provis	sions o	f Sections 617,0502	and 617.	1508, Florida Statu	ites, the a	i ibov	e-named	corpo	pration submits this statement for the purpose of changing its registered		
office or r	egistered ag m familiar w	gent, d	or both, in the State of	of Florida. tions of, S	Such change was ection 617,0503, F	authorize Iorida Sta	ed by	/ the corp s.	poratio	on's board of directors. I hereby accept the appointment as registered		
SIGNATURE				_								
12.	Signature, type	d or prin	of registered agen OFFICERS AND			TE: Register		ent signature	required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP		OFFICERS AND				TILE		4	Change Addition		
NAME	KUCER	0. FF	ANK E		1.2 N				6 7	neshire, Mckinley 4 No. OLIVE AVE Doot Palm Beh, FL 33401		
STREET ADORESS		•	BUSH BLVD.				1.3 STREET ADDRESS 91		91	4 NO. OLIVE AVE		
CITY-ST-ZIP	DELRAY	BEA	CH FL				1.4 CITY-ST-ZIP			Dest Palm Bch FL 33401		
TITLE	DVP			_	DELETE			2.1 TITLE		Change Addition		
NAME	MASSO							2.2 NAME				
STREET ADDRESS			E, #104				TREET	ADDRESS				
CITY-ST-ZIP		/ BE	CH FL 33407				2. 4 CITY-SY-ZIP		<u> </u>	Change L Addition		
TITLE	DS	ם ח	III D				3.1 TITLE 3.2 NAME			! Change !! Addition		
NAME OTRET ADDRESS	SELTZE	•			··			4DDDCCC	1			
STREET ADDRESS	2051 45TH ST., #101 WEST PALM BEACH FL 33407						3.3 STREET ADDRESS 3.4. CITY-ST-ZIP					
CITY-ST-ZIP TITLE	TD	DELETE		3.4. CHY-ST-ZIP 4.1 TITLE			Change Addition					
NAME	JR. SMI	TH			4, 2 NAME							
STREET ADDRESS	515 S. I		1	4.3 STREET ADDRESS		1						
CITY-ST-ZIP	BOYNT					4.4 CITY-ST-ZIP						
TITLE					☐ DELETE	5.1 T				☐ Change ☐ Addition		
NAME						5.21	AME					
STREET ADDRESS						5.3 9	TREET	ADDRESS				
CITY-ST-ZIP							ITY-S	T-ZIP				
TITLE							TITLE			Change Addition		
NAME						6.2 N						
STREET ADDRESS						1		address		}		
CITY-ST-ZIP	ertify that th	e info	mation sunnied wit	h this filling	does not qualify		ITY-S		nd in S	ection 119.07(3)(i). Florida Statutes, I further certify that the information		

Indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 113.07(3)(f), Horida Statutes. I thinter certify that the mindicated 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: