

FILE NOW: FILING FEES \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT #

1. Corporation Name

Concerned Citizen of Holiday Lake Apartments, Inc.

96 AUG -7 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

733 North Powerline Road
Pompano Beach, FL 33069

3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Holiday Lake Apts.

26 733 N. Powerline Rd. Pompano Beach, FL 33069

Not Applicable

22 Suite, Apt. #, etc. 733

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City, State Pompano Beach, FL

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip 33069

25 Country US

29 Zip

30 Country

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

Michael Boykin
751 North Powerline Road #74
Pompano Beach, FL 33069

81 Name Michael Boykin
82 Street Address (P.O. Box Number is Not Acceptable) 751 North Powerline Road Apt. 74
83
84 City Pompano Beach FL 85 Zip Code 33069

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

Michael C. Boykin

Michael C. Boykin SR. 8-1-96

Signature of officer or director of corporation (if not a registered agent)

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE
NAME P. Dela Mealone
STREET ADDRESS 611 N. Powerline Rd.
CITY-ST-ZIP Pompano Beach, FL 33069
2. TITLE ☐ DELETE
NAME Michael Boykin
STREET ADDRESS 751 North Powerline Rd.
CITY-ST-ZIP Pompano Beach, FL 33069
3. TITLE ☐ DELETE
NAME V. Thomas
STREET ADDRESS 701 North Powerline Rd.
CITY-ST-ZIP Pompano Beach, FL 33069
4. TITLE ☐ DELETE
NAME Betty Smith
STREET ADDRESS 629 North Powerline Rd.
CITY-ST-ZIP Pompano Beach, FL 33069
5. TITLE ☐ DELETE
NAME Claudia Atkins
STREET ADDRESS 916 North Powerline Rd.
CITY-ST-ZIP Pompano Beach, FL 33069
6. TITLE ☐ DELETE
NAME Lillie Willis
STREET ADDRESS 753 North Powerline Rd.
CITY-ST-ZIP Pompano Beach, FL 33069

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Money Deposited
11/30/96

Sp 8/12/96

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 included 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

11/14/1996 944-2933

CR2E037 (12/95)