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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N94000005204 (2)

1. Corporation Name								
LA PALOMA SOCIAL CLUB, INC.								
						i 1830) (818-1818) Albu Albu Albu Albu Albu	Talli Hair Bara Allia	11810 33 111 8181 1 3 81
Principal Plac	e of Business	Mailing Address						
10 CENTRAL PKWY SUITE 240 SUITE 240 STUART FL 34994 STUART FL 34994								
SUMMI FL	34334	STUART FL 34994				3. Date incorporated or Qualified 10/18/1994	3a. Date of La	st Report /1995
	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
	O MILITARY TRAIL		LIER	RY	TAAIL	65-0565528		Not Applicable
	/19	Suite, Apt. #, etc. 27 # // 9				5. Certificate of Status Desired	1 1	75 Additional e Required
City & Stat		City & State	20			6. Election Campaign Financing	\$5.	.00 May Be
	UTON BEACH FL	_11 ♥			FL	Trust Fund Contribution		ded to Fees
Zip 24 33 4	Country	Zip	Coun	try		8. This corporation has liability for in		s. 199.032,
24 33 4	9. Name and Address of Current	29 33436 Begistered Agent	30			Florida Statutes 10. Name and Address of New Re	Yes Yo	
	<u> </u>	. regiotolee Agent	ε	11 N	anie	TV. Haine and Address of New Ne	gistered Agent	
HARRIS, OLIVER 82 Street A					troot Address	s (P.O. Box Number is Not Acceptable		
10 CENTRAL PKWY				" "	ireet Address	s (.c. cox Number is Not Acceptable	<i>i</i>)	
SUITE 240				83				
STUAR	T FL 34994		8	4 C	tv		B 5	Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation							•	
or registe	red agent, or both, in the State of Florida	Such change was authorize	s, the above d by the co	e-nanii rporat	ed corporati ion's board i	on submits this statement for the purp of directors. Ehereby accept the appoin	ose of changing it: ntment as register	s registered office
ramılar w	ith, and accept the obligations of, Section	n 617.0503, Florida Statutes.	,			,		ou agona rom
SIGNATURE	Signature, typod or printed name of registered agont an	d title of apolicable (NOT	E Begistered A	ent san	alore required w	heer reunctule on	DATE	
12.	OFFICERS AND		13.	, <u></u>		ADDITIONS/CHANGES TO OFFIC		IORS IN 12
THILE	VD DELETE				192	D ,	Change	e 🔲 Addition
NAME	CHARBONEAU, DIANE		1.2 NAM	E	V	ARY, MADELEIN LOO MILLICARY T	E	
STREET ADDRESS	9200 MILITARY TRAIL 238		1.3 \$TRE	ET ADDE	ress 92	LOO MILLICARY T	RAIL, 57	
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY	- ST - ZIF	80	SYNTON BEACH	FL /	
TITLE	PD GELETE				VI		Change	e 🔲 Addition
NAME	PICHETTE, F			E	LE	FRANÇOIS, GÉRARD LOO MILITARY TRAIL, 103		
STREET ADDRESS	9200 MILITARY TRAIL 225		23 STRE					•
CITY-ST-ZIP TITLE	BOYNTON BEACH FL	IN DELETE	2 4 CITY				FL	
NAME	SD Bouvier, annette	₩ occur	3 1 TITLE 3 2 NAM		53) ::::::::::::::::::::::::::::::::::::	Change	Addition
STREET ADDRESS	9200 MILITARY TRAIL 167			E Et adde		INST, JACQUES LOO MILITARY T	PA 1 12	5
C(TY-ST-ZIP	BOYNTON BEACH FL	/	3.4. CITY			SYNTON BEACH	FL	_
TITLE	D D	DELETE	4.1 TITLE		70	JA LOW DEACH	Change	e [] Addition
NAME	LACHANCE, M	- -	4. 2 NAV		12	AGNE, GISÈLE	Em a rough	
STREET ADDRESS	9200 MILITARY TRAIL 070		4.3 STRE		ESS A	LOO MILITARY T	RAIL 13	17
CITY-ST-ZIP	BOYNTON BEACH FL		4.4 CITY			YNTON BEACH,		,
TITLE	TD	DELETE	5.1 TITLE		70		Change	Addition
NAME	BENNY, RENALD		5.2 NAM	.	F	OURNIER, CORI.	いいだ	
STREET ADDRESS	9200 MILITARY TRAIL 119		53 STRE	ET ADDR	1 .	200 MILITARY		189
CITY - ST - ZIP	BOYNTON BEACH FL		5.4 CITY	-ST-ZIP		OYNTON BEACH	FL	,
TITLE	ADO	THE PARTY OF THE P	6 1 TITLE		\supset	•	☐ Change	Addition
NAME			62 NAMI			FAU DOIN, MADE		i
STREET ADDRESS			63 STRE	ADCA 13	ESS 9a	DO MILIEARY	TRAIL	162
CITY-ST-ZIP			6.4 CITY	ST-ZIP	Bo	YNTON BEACH	FL	

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 eath; 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: FINET, JACQUES D TYPED OR PRINTED NAME OF SIGNING OLDICER OR DIRECTOR

, sec. 3/26/96

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