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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE!

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Corporation	MENT	# N9400	000	05759 (	5)						
7 IRON	N GOLF A	SSOCIATION OF S	OUT	H DADE, INC.							
Principal Plac	e of Business	• • • • • • • • • • • • • • • • • • • •	N	failing Address		·		H OLD HOLLE PLEAL OR HE ADAL			
4444				14801 POLK STREET							
MIAMI FL 33	176		ı	MIAMI FL 33176							
							3. Date Incor 11/1	rporated or Qualified 7/1994	3a. D	ate of Last 06/14/1	Report 995
2. Principal P	lace of Busine	ess		. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Numb	er			Applied For
Suite Ant	# etc		26	Suito Apt + etc		<del></del>	V-C0	536330			Not Applicable
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired				75 Additional se Required
City & Stat	te			City & State			6. Election C	ampaign Financing			May Be
Zip		0	28		<del></del>		Trust Fund	Contribution		Adde	d to Fees
4)		Country 25	29	Zip	30	Country	8. This corpo Florida Sta	ration has liability for			199.032,
	9. Name	and Address of Current	t Regis	stered Agent	130			d Address of New R	Yes E		
			-			81 Name			109,010,00	Agont	
	s, robert					82 Street	Address (P.O. Box Nur	mber is Not Acceptab	ula)		
14801 POLK STREET							Address (F.O. Box Hui		וסו		
MIAMI FI	L 33176					83		-			
						84 City		<del></del>		85 Zij	o Code
						<b>84</b>   City					
11 Pursuant	to the provision	one of Sections 617 0500	and 61	7 1500 Florida Ctat	****				FL		
11. Pursuant or register	to the provision	ons of Sections 617.0502 both, in the State of Florid	and 61 la. Such	7.1508, Florida Statu change was author	utes, the a	hous needs	rporation submits this board of directors. I he	statement for the pur ereby accept the appo		<u> </u>	egistered office
familiar wi	to the provision to the	ons of Sections 617.0502 both, in the State of Florid of the obligations of, Section	and 61 la. Such on 617.	7.1508, Florida Statu n change was author 0503, Florida Statute	utes, the a rized by the es.	hous needs	rporation submits this board of directors. I he	statement for the pur ereby accept the appo		<u> </u>	egistered office agent. I am
familiar wi	ith, and accer	ons of Sections 617.0502 both, in the State of Florid at the obligations of, Section of printed name of registered agent a	on 617.	.0503, Florida Statute	9S.	bove-named co e corporation's	board of directors, and	statement for the pur ereby accept the appo	rpose of cha ointment as	<u> </u>	egistered office agent. I am
familiär wi SIGNATURE 12.	Signature, typed	of the obligations of, Section	on 617.	.0503, Florida Statute applicable	9S.	bove-named co e corporation's	poured when reinstating	statement for the pur greby accept the appo	rpose of cha ointment as	anging its r registered	agent. I am
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familiar wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of BOWENS	of the obligations of, Sections of Section	on 617.	10503, Florida Statute  Applicable: [7  CTORS  DELETE	NOTE Registe  1: 1.1 1.2 1.3	bove-named co e corporation's ared Agent signature in 3. I TITLE 2 NAME 8 STREET ADDRESS 8 CITY-ST-ZIP	poured when reinstating	ereby accept the appo	pose of chi continent as DATE ICERS AND	enging its registered	RS IN 12
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Daytime Phone #