


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001831 (4)**

1. Corporation Name

**THE AZZOLINA FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**4001 N OCEAN BLVD  
#406-B  
BOCA RATON FL 33431  
US**

**2702 CORIANDER PLACE  
EDGEWATER MD 21037-1117  
US**



3. Date Incorporated or Qualified

**04/02/1996**

4. FEI Number

**65-0663503**

Applied For

☐ Yes ☒ No

5. Certificate of Status Desired

☐ **\$8.75 Additional**

**Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be**  
**Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARKINSON, DENNIS H  
4001 N OCEAN BLVD STE 406-B  
BOCA RATON FL 33431**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	PARKINSON, DENNIS H	
STREET ADDRESS	4545 NORTH OCEAN BOULEVARD, SUITE 9B	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE	DCV	<input type="checkbox"/> DELETE
NAME	AZZOLINA, NICHOLAS J	
STREET ADDRESS	3700 NORTHWEST 9TH STREET	
CITY-ST-ZIP	DELRAY BEACH FL 33445	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	AZZOLINA-PARKINSON, SHIRLEY	
STREET ADDRESS	2702 CORIANDER PLACE	
CITY-ST-ZIP	EDGEWATER MD 21037	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	AZZOLINA, BETTY M	
STREET ADDRESS	4001 NORTH OCEAN BLVD., #406-B	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE	V	<input type="checkbox"/> DELETE
NAME	FAVE, DENNIS DELLE	
STREET ADDRESS	12361 DIVOT DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

TITLE	S	<input type="checkbox"/> DELETE
NAME	LARSEN, BRENDA J	
STREET ADDRESS	624 NORTHWEST 13TH STREET #11	
CITY-ST-ZIP	BOCA RATON FL 33486	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>4001 N OCEAN BLVD STE 406-B</b>
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

**SIGNATURE: DENNIS H. PARKINSON** 1/13/98 (561) 395-6289

CR2E037 (10/97)