


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 27 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N97000004426 (9)**  
1. Corporation Name  
**CONGREGATION L'DOR VA-DOR, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>7436 ROCKBRIDGE CIRCLE<br/>LAKE WORTH FL 33467</b> | Mailing Address<br><b>7436 ROCKBRIDGE CIRCLE<br/>LAKE WORTH FL 33467</b> |
|--|--|

3. Date incorporated or Qualified  
**08/05/1997**

|                                    |   |
|------------------------------------|---|
| 4. FEI Number<br><b>65-0765165</b> | Applied For<br><input type="checkbox"/>               |
|                                    | Not Applicable<br><input checked="" type="checkbox"/> |

|  |  |
|--|--|
| 21. Principal Place of Business<br>Suite, Apt. #, etc. | 22. Mailing Address<br>Suite, Apt. #, etc. |
| 23. City & State                                       | 27. City & State                           |
| 24. Zip  | 25. Country                                |
| 26. Zip  | 28. Country                                |

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

9. Name and Address of Current Registered Agent

**KAMIN, BEVERLY  
7436 ROCKBRIDGE CIRCLE  
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83  |             |
| 84 City   |             |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>D</b>                      | <input type="checkbox"/> DELETE            |
| NAME           | <b>KAMIN, BEVERLY</b>         |  |
| STREET ADDRESS | <b>7436 ROCKBRIDGE CIRCLE</b> |  |
| CITY-ST-ZIP    | <b>LAKE WORTH FL 33467</b>    |  |
| TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>EPSTEIN, JUDITH</b>        |  |
| STREET ADDRESS | <b>5812 BARNSTEAD CIRCLE</b>  |  |
| CITY-ST-ZIP    | <b>LAKE WORTH FL 33463</b>    |  |
| TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>GOLDING, ADRIANNE</b>      |  |
| STREET ADDRESS | <b>7423 WENTWORTH DRIVE</b>   |  |
| CITY-ST-ZIP    | <b>LAKE WORTH FL 33467</b>    |  |
| TITLE          |                               | <input type="checkbox"/> DELETE            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> DELETE            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                 |   |
|--------------------|---------------------------------|---|
| 1.1 TITLE          | <b>PRESIDENT</b>                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                                 |   |
| 1.3 STREET ADDRESS |                                 |   |
| 1.4 CITY-ST-ZIP    |                                 |   |
| 2.1 TITLE          | <b>TREASURER</b>                | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>MARK SCHREIBER</b>           |   |
| 2.3 STREET ADDRESS | <b>8066 STIRRUP CAY CT.</b>     |   |
| 2.4 CITY-ST-ZIP    | <b>BOYNTON BEACH, FL. 33436</b> |   |
| 3.1 TITLE          | <b>VICE PRESIDENT</b>           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>RONALD GOLDING</b>           |   |
| 3.3 STREET ADDRESS | <b>7423 WENTWORTH DRIVE</b>     |   |
| 3.4 CITY-ST-ZIP    | <b>LAKE WORTH, FL. 33467</b>    |   |
| 4.1 TITLE          | <b>D</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 4.2 NAME           | <b>GREG TENDRICH</b>            |   |
| 4.3 STREET ADDRESS | <b>8591 TOURMALINE BLVD</b>     |   |
| 4.4 CITY-ST-ZIP    | <b>BOYNTON BEACH, FL. 33437</b> |   |
| 5.1 TITLE          | <b>D</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 5.2 NAME           | <b>ALAINE SORKIN</b>            |   |
| 5.3 STREET ADDRESS | <b>504 LIVE OAK LANE</b>        |   |
| 5.4 CITY-ST-ZIP    | <b>BOYNTON BEACH, FL. 33436</b> |   |
| 6.1 TITLE          | <b>D</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 6.2 NAME           | <b>PAMELA ANDERSON</b>          |   |
| 6.3 STREET ADDRESS | <b>9203 MARQUIS CT.</b>         |   |
| 6.4 CITY-ST-ZIP    | <b>BOYNTON BEACH, FL. 33437</b> |   |

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: *Beverly Kamin* **BEVERLY KAMIN, PRES.** 4/7/98 561-967-4444

CR2E037 (10/97)