

FILE NOW: FILING FEE IS \$61.25

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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005421 (9)**

1. Corporation Name

ASSOCIATED PARTNERS, INC.



Principal Place of Business 825 WEST 40TH STREET #4 MIAMI BEACH FL 33140	Mailing Address 825 WEST 40TH STREET #4 MIAMI BEACH FL 33140
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3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

31-1571881

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

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

10. Name and Address of New Registered Agent

**DUNWOODY, JESSE
825 WEST 40TH STREET #4
MIAMI BEACH FL 33140**

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	DP	<input type="checkbox"/> DELETE
NAME	DUNWOODY, JESSE	
STREET ADDRESS	825 WEST 40TH STREET #4	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

TITLE	DVS	<input type="checkbox"/> DELETE
NAME	CALLEIRO, TERESA	
STREET ADDRESS	115 SILENT SPRINGS DR. APT. 4C	
CITY-ST-ZIP	CHANDLER NC 28715	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	DUANY, LUIS	
STREET ADDRESS	1200 14TH ST. STE. 5A	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAUL, WILLIAM D	
STREET ADDRESS	2247 PALM BEACH LAKE BLVD. STE. 225	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

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	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DUNWOODY, JESSE	
1.3 STREET ADDRESS	825 W. 40th St. #4	
1.4 CITY-ST-ZIP	Miami Beach, FL 33140	

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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DUANY, LUIS	
3.3 STREET ADDRESS	1200 14th St. Ste. 5A	
3.4 CITY-ST-ZIP	Miami Beach, FL 33139	

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: **Jesse Dunwoody** *Jesse Dunwoody* **4/27/98** **305-672-6464**

CR2E037 (10/97)