FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

N94000004860 (2)

DOR	ADO HOMEOWNERS' SUB	-ASSOCIATION, INC.			I Jahiliot ele jatul buen beni beni ba	RA BONG BONG BONG BONG BANG BANG BONG BONG BONG	
Principal Pla	ace of Business	Mailing Address					
4152 W BLUE HERON BLVD. SUITE 116 RIVIERA BEACH FL 33404 ACCITES MANUAL MERON BLVD. SUITE 116 RIVIERA BEACH FL 33404							
			_		3. Date Incorporated or Qualified 10/14/1994	3a. Date of Last Report 05/01/1995	
	Place of Business	2a. Mailing Address			4. FEI Number		
Suite, Ap	t # ata	26			65-0531704	Applied For	
22	i. #, eic.	Suite, Apt. #, etc			E Cattle 100	Not Applicable \$8.75 Additional	
City & Sta	ate	27 Ct. 6 Ct.			5. Certificate of Status Desired	Fee Required	
23		City & State			6. Election Campaign Financing	\$5.00	
Zip	Country	Zip	Count		Trust Fund Contribution	Added to Fees	
24	25	29	Gountr 30	ÿ	8. This corporation has liability for	intangible tax under s. 199,032,	
	9. Name and Address of Curr	ent Registered Agent	1901		Florida Statutes [Yes No	
			81	Name	10. Name and Address of New R	legistered Agent	
SCHICK	KEDANZ, GERHARD H		ļ				
4152 W BLUE HERON BLVD.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
SUITE			83				
MIVIEHA	BEACH FL 33404		-				
44 D			84			FL 85 Zip Code	
or registe	. to the provisions of Sections 617.05 ared agent, or both, in the State of Fig	02 and 617.1508, Florida Statute	s, the above	named corpor	ration submits this statement for the pure	Dose of changing its registered of	
	ith, and accept the obligations of, Se	ction 617.0503, Florida Statutes	ed by the corp ·	oration's boar	ration submits this statement for the purp rd of directors. I hereby accept the appo	pintment as registered agent. I am	
SIGNATURE	Storyal up a mod						
12.	Signature, typed or printed name of registered age	ND DIRECTORS	IE Registered Ager	l signature required		DATE	
TITLE	PD	DELETE	13.	 	ADDITIONS/CHANGES TO OFFE	CERS AND DIRECTORS IN 12	
NAME	BATES, DEBORAH	•	1 1 TITLE	- 1		Change Addition	
STREET ADDRESS	4152 W BLUE HERON BLVD	. STE 116	1.2 NAME	ID TO COO		Í	
CITY-ST-ZIP	RIVIERA BEACH FL 33404		1 3 STREET				
TALE	SD	DELETE	1 4 CITY-S 2 1 TITLE	1 - ZIP			
NAME	PALEY, DAVID	,	2 2 NAME			Change Addition	
STREET ADDRESS	6963 BITTERBUSH PLACE		2 3 STREET	ADDRESS			
CITY - ST - ZIP	BOYNTON BEACH FL 33437		2 4 CITY-S	J			
TITLE	vtd Harris, Robert	☐ DELE TE	31 TITLE			Change Addition	
NAME STREET ADDRESS	1312 13TH TERRACE		3 2 NAME				
STREET ADDRESS City-St-Zip	PALM BEACH GARDENS FL	22410	33 STREET	ADDRESS 30	19 Casa Ro Court Um Beach Gardens		
TITLE	S D	<u> </u>	3 4. CITY - S	I-ZIP PC	Um Beach Gardens	FL 33408	
NAME	GREGORY, MARSHA	DELETE	4 1 TITLE	5,	D	Change Addition	
STREET ADDRESS	C/O 4152 W BLUE HERON B	VD STE 116	4 2 NAME			_	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	VIL IIV	4.3 STREET A				
TITLE		DELETE	4.4 CITY - ST				
IAME		Potterie	5 1 TITLE	P	san Casas	Change Addition	
TREET ADDRESS			5.2 NAME		san Casas saw. Blue Heron	Blue Herr	
CITY-ST-ZIP			5 3 STREET A				
ITLE		DELETE	54 GITY-ST	KI.	viera Beach	Fl. 33404	
AME			6.2 NAME		80000186	Change Addition	
TREET ADDRESS			63 STREET A	DORESS	-06/20/960101	7044 5/	
ITY-ST-ZIP			US OTHER IA	- C. ILOO	***C1 OC	// //	

14. If 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 cath; 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

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 845 8797