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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 704925 (7)

1. Corporation Name

OPTIMIST CLUB OF IVES ESTATES, NORTH MIAMI BEACH , INC.

Principal Place of Business	Mailing Address
1511 N.E. 207 STREET NORTH MIAMI BEACH FL 33179	1511 N.E. 207 STREET NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified: 12/12/1962

4. FEI Number: 59-6168880 ☐ Applied For ☐ Not Applicable

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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HARLEY, SUZAN LETSKY
1530 N.E. 207 ST.
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name: Joan S. Palmer
82 Street Address (P.O. Box Number is Not Acceptable): 1321 NE 209 Terr
83: North Miami Beach
84 City: FL 85 Zip Code: 33179

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: Joan S. Palmer — Jan. 25 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	GOLDMAN, JANICE		1.2 NAME	Goldman Janice	
STREET ADDRESS	1331 NE 209 TERR.		1.3 STREET ADDRESS	1331 NE 209 Terr.	
CITY-ST-ZIP	NMB FL 33179		1.4 CITY-ST-ZIP	NMB Fl 33179	
TITLE	D	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	KALOS, GARY		2.2 NAME	McCourt Jim	
STREET ADDRESS	20641 NE 1 CT.		2.3 STREET ADDRESS	520 SW 1ST AVE	
CITY-ST-ZIP	MIAMI FL 33199		2.4 CITY-ST-ZIP	Hallandale Fl 33009	
TITLE	VPD	☒ DELETE	3.1 TITLE	PD	☐ Change ☒ Addition
NAME	HARLEY, SUZAN		3.2 NAME	PALMER William	
STREET ADDRESS	1530 NE 207 ST.		3.3 STREET ADDRESS	1321 NE 209 Terr	
CITY-ST-ZIP	NMB FL 33179		3.4 CITY-ST-ZIP	NMB Fl 33179	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCCOURT, SUSAN		4.2 NAME		
STREET ADDRESS	520 SW 1ST AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PALMER, JOAN S		5.2 NAME		
STREET ADDRESS	1321 NE 209 TERR		5.3 STREET ADDRESS		
CITY-ST-ZIP	NMB FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Joan S. Palmer — Jan. 25 1998 — 305 653-0396