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FILED
Jun 18 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 # 729951 (4)

1. Corporation Name
PARENTS WITHOUT PARTNERS CHAPTER 280, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5707 LAKE WORTH FL 33466-2707	P.O. BOX 5707 LAKE WORTH FL 33466-2707

3. Date Incorporated or Qualified: 06/14/1974

4. FEI Number: 23-7015010 ☐ Applied For ☐ Not Applicable

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

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

SYRKUS, DAVID L
409 S.W. 4 ST.
BOYNTON BCH. FL 33435

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PRES DSOSAN BROOKS	☒ Change ☐ Addition
NAME	GUILDA, BART		1.2 NAME	4195 TURNBerry CIR #803	
STREET ADDRESS	7500 NW 61 TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL		1.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VD	☒ DELETE	2.1 TITLE	VP DARLene WILSON	☒ Change ☐ Addition
NAME	THOMPSON, KAREN		2.2 NAME	3790 SeRubi Ave	
STREET ADDRESS	2783 FLORAL RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL		2.4 CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	SD	☒ DELETE	3.1 TITLE	SEC DKAREN LJUNGQUIST	☐ Change ☐ Addition
NAME	LUTZ, NANCY		3.2 NAME	3569 Libby Court	
STREET ADDRESS	919 NW 8 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL		3.4 CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	TD	☒ DELETE	4.1 TITLE	TREAS TD	☒ Change ☐ Addition
NAME	WEBB, KAREN		4.2 NAME	William Riester	
STREET ADDRESS	9281 CORAL VIEW		4.3 STREET ADDRESS	4070 Waterway DR	
CITY-ST-ZIP	LAKEWORTH FL		4.4 CITY-ST-ZIP	LAKE Worth FL 33461	
TITLE	Dmembership VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WOODFELL, ROBERTA		5.2 NAME		
STREET ADDRESS	11110 SUMMIT PLACE CIR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH FL 33415		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: William Riester 4/30/98