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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 766946

1. Corporation Name

PROBUS CLUB OF MARGATE, FLORIDA, INC.

Principal Place of Business C/O ULY LANE 7684 N.W. 18TH ST. MARGATE FL 33063-3122

Mailing Address C/O LILY LANE

7684 N.W. 18TH ST. MARGATE FL 33063-3122

FILED Apr 23, 1999 8:00 am § Secretary of State

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Suite, Apt. #, etc. Suite Address of Status Desired \$8.75	Applicable
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28 Scartificate of Status Desired Fee Rec	May Be Fees ode
Zip Country Zip Country Zip Country S5.00 man Added to	ode
24 25 29 30 Trust Fund Contribution Added to 3. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Variet Address (P.O. Box Number is Not Acceptable) 14. 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 of 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, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its of office or registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its of office or registered agent and title if applicable. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE 12. OFFICERS AND DIRECTOR 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 14. CITY. ST. ZIP MARGARE, FL 33063 33063 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 15. TITLE 16. TITLE 17. P. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 18. TITLE 19. TITLE 2	ode
9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable)	egistered
LIEBMAN, BESSIE 7640 NW 18TH STREET MARGATE FL 33063 84 City FL 85 Zip C 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 of 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, 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) OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE T DELETE 1.1 TITLE V. P. DRROW, ESTELLE TREET ADDRESS 7684 N.W. 18TH ST. 1.3 STREET ADDRESS 7684 N.W. 18TH ST. 1.3 STREET ADDRESS 7684 N.W. 18TH ST. 1.4 CITY-ST-ZIP MARGATE, FL 33063 33063 TITLE C/S WALNICK, ESTELLE Change	egistered
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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) 12. OFFICERS AND DIRECTORS TITLE T LANE, LILY STREET ADDRESS TORS	egistered istered
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NAME LANE, LILY	
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NAME WALNICK, ESTELLE 22NAME LIEBMAN, BESS	
-14/ 10 C-	Addition
23 STREET ADDRESS 76 40 NW 18TH ST	1
CITY-ST-ZIP MARGATE, FL-33063-33063 24CITY-ST-ZIP MARGATE, FL 33653	
TITLE D DELETE 3.1 TITLE D Change	Addition
NAME LIPMAN HARRIET 3.2 NAME BAISE, SYLVIA	1
STREET ADDRESS 7684 NW 18TH ST. 3.3 STREET ADDRESS 7640 N.W.18 ST.	
CITY-ST-ZIP MARGATE, FL 33063 3.4. CITY-ST-ZIP MARGATE, FL 33063	
TITLE D DELETE 4.1 TITLE D	Addition
NAME FRANKLIN, RHODA, 4.2 NAME ESKIND, SYLVIA	i
STREET ADDRESS 462 LAUREL DR. 4.3 STREET ADDRESS 7610 NW18 ST.	į
CITY-ST-ZIP MARGATE FL 33063 44CITY-ST-ZIP MARGATE, FL 33063	
TITLE D DELETE 5.1 TITLE	☐ Addition
NAME SATCHELL, SAM 5.2 NAME	
STREET ADDRESS 7690 N.W. 18TH ST 5.3 STREET ADDRESS	
CITY-ST-ZIP MARGATE, FL 33063 33063 5.4 CITY-ST-ZIP	: I
TITLE P G.1 TITLE G.1 TITLE Change	
NAME LIEBMAN, LEON 6.2 NAME	Addition
STREET ADDRESS 7640 NW 18TH STREET 6.3 STREET ADDRESS	☐ Addition
CITY-ST-ZIP MARGATE FL 3306 6.4 CITY-ST-ZIP	Addition

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, with all other like empowered.