


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N04702 (9)**  
1. Corporation Name  
**CLINE-PAUTSCH-KOTT POST 164, INC.**



Principal Place of Business <b>571 WEST OCEAN AVE PO BOX 1018 BOYNTON BEACH FL 33426-4384</b>	Mailing Address <b>571 WEST OCEAN AVE PO BOX 1018 BOYNTON BEACH FL 33426-4384</b>
--	--

3. Date Incorporated or Qualified <b>08/10/1984</b>		
4. FEI Number <b>05-9620073</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**MARTIN J. WORK**  
~~800 SW 11TH AVE~~  
**1174 SW 27TH PLACE**  
**BOYNTON BEACH FL 33426**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>P</b>
NAME	<b>RICHARD WILHELM</b>	1.2 NAME	<b>ANDREW HERSHMAN</b>
STREET ADDRESS	<b>2539 SW 11TH CT.</b>	1.3 STREET ADDRESS	<b>6032 LACE WOOD CIR.</b>
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	1.4 CITY-ST-ZIP	<b>LANTANA, FL 33462-2137</b>
TITLE	<b>D</b>	2.1 TITLE	<b>D</b>
NAME	<b>BARILLE, ARTHUR F</b>	2.2 NAME	<b>RICHARD WILHELM</b>
STREET ADDRESS	<b>7146 MICHIGAN ISLE RD</b>	2.3 STREET ADDRESS	<b>2539 SW 11 CT,</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	2.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33426</b>
TITLE	<b>S</b>	3.1 TITLE	<b>S</b>
NAME	<b>MICHAEL DODGE</b>	3.2 NAME	<b>THOMAS HODGSON</b>
STREET ADDRESS	<b>2204 NW 21ST WAY #389</b>	3.3 STREET ADDRESS	<b>2400 SPRINGDALE BLVD.</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	3.4 CITY-ST-ZIP	<b>PALM SPRINGS FL 33461</b>
TITLE	<b>D</b>	4.1 TITLE	<b>D</b>
NAME	<b>WILLIAM A. JAMES</b>	4.2 NAME	<b>ROBERT J. SWEENEY</b>
STREET ADDRESS	<b>114 NW 6TH ST.</b>	4.3 STREET ADDRESS	<b>52009 FLOINADA BAY</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	4.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33436-1959</b>
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>KENNETH L. WOODRING</b>	5.2 NAME	
STREET ADDRESS	<b>1105 SE 1ST ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b>	6.1 TITLE	
NAME	<b>MARTIN J. WORK</b>	6.2 NAME	
STREET ADDRESS	<b>1174 SW 27TH PLACE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>P</b>
NAME	<b>RICHARD WILHELM</b>	1.2 NAME	<b>ANDREW HERSHMAN</b>
STREET ADDRESS	<b>2539 SW 11TH CT.</b>	1.3 STREET ADDRESS	<b>6032 LACE WOOD CIR.</b>
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	1.4 CITY-ST-ZIP	<b>LANTANA, FL 33462-2137</b>
TITLE	<b>D</b>	2.1 TITLE	<b>D</b>
NAME	<b>BARILLE, ARTHUR F</b>	2.2 NAME	<b>RICHARD WILHELM</b>
STREET ADDRESS	<b>7146 MICHIGAN ISLE RD</b>	2.3 STREET ADDRESS	<b>2539 SW 11 CT,</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	2.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33426</b>
TITLE	<b>S</b>	3.1 TITLE	<b>S</b>
NAME	<b>MICHAEL DODGE</b>	3.2 NAME	<b>THOMAS HODGSON</b>
STREET ADDRESS	<b>2204 NW 21ST WAY #389</b>	3.3 STREET ADDRESS	<b>2400 SPRINGDALE BLVD.</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	3.4 CITY-ST-ZIP	<b>PALM SPRINGS FL 33461</b>
TITLE	<b>D</b>	4.1 TITLE	<b>D</b>
NAME	<b>WILLIAM A. JAMES</b>	4.2 NAME	<b>ROBERT J. SWEENEY</b>
STREET ADDRESS	<b>114 NW 6TH ST.</b>	4.3 STREET ADDRESS	<b>52009 FLOINADA BAY</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	4.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33436-1959</b>
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>KENNETH L. WOODRING</b>	5.2 NAME	
STREET ADDRESS	<b>1105 SE 1ST ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b>	6.1 TITLE	
NAME	<b>MARTIN J. WORK</b>	6.2 NAME	
STREET ADDRESS	<b>1174 SW 27TH PLACE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	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: *Martin J. Work* **MARTIN J. WORK** 2-6-98

CFR2037 (10/97)