

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N04702 (9)**

1. Corporation Name

**CLINE-PAUTSCH-KOTT POST 164, INC.**



Principal Place of Business

**571 WEST OCEAN AVE  
PO BOX 1018  
BOYNTON BEACH FL 33426-4384**

Mailing Address

**571 WEST OCEAN AVE  
PO BOX 1018  
BOYNTON BEACH FL 33426-4384**

3. Date Incorporated or Qualified  
**08/10/1984**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOYCE, DONALD E  
803 SW 7TH AVE  
BOYNTON BEACH FL 33426**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME **SMITH, KENNETH J**  
STREET ADDRESS **4428 SE HAMILTON LN**  
CITY-ST-ZIP **STUART FL**

TITLE **D** ☒ DELETE  
NAME **TUFTS, BRUCE**  
STREET ADDRESS **2235 NO. FEDERAL HWY**  
CITY-ST-ZIP **BOYNTON BCH. FL 33435**

TITLE **S** ☐ DELETE  
NAME **JOYCE, DONALD E**  
STREET ADDRESS **803 SW 7TH AVE**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **D** ☒ DELETE  
NAME **HERSHMAN, ANDREW E**  
STREET ADDRESS **6032 LACE WOOD CIRCLE**  
CITY-ST-ZIP **LANTANA FL**

TITLE **D** ☐ DELETE  
NAME **SWEENEY, ROBERT J**  
STREET ADDRESS **52009 FLOINADA BAY**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **T** ☒ DELETE  
NAME **ERICKSON THOMAS A**  
STREET ADDRESS **5673 WALTHAM WAY**  
CITY-ST-ZIP **LAKE WORTH FL 33463-6609**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☒ Addition  
1.2 NAME **PAUL MARTEL**  
1.3 STREET ADDRESS **1765 16TH CT. N**  
1.4 CITY-ST-ZIP **LAKE WORTH FL 33460-6435**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **ARTHUR F. BARILLE**  
2.3 STREET ADDRESS **7146 MICHIGAN ISLE RD**  
2.4 CITY-ST-ZIP **LAKE WORTH FL 33467-7610**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☒ Change ☐ Addition  
4.2 NAME **ROD C ATON**  
4.3 STREET ADDRESS **804 NW 10TH AVE**  
4.4 CITY-ST-ZIP **BOYNTON BEACH, FL 33426-2941**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE **T** ☒ Change ☐ Addition  
6.2 NAME **ROBERT J BOROVY**  
6.3 STREET ADDRESS **2521 SW 11TH ST.**  
6.4 CITY-ST-ZIP **BOYNTON BEACH, FL 33426-7408**

14. I 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 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: *Donald E. Joyce*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONALD E. JOYCE**

**MAR. 9, 1996**

**734-3971**

Date

Daytime Phone #

CR2E037 (12/95)