

FILE NOW: FILING FEE IS \$61.25

FILED

May 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
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DOCUMENT # **766946** (8)

1. Corporation Name

PROBUS CLUB OF MARGATE, FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O LILY LANE
7684 N.W. 18TH ST.
MARGATE FL 33063-3122

C/O LILY LANE
7684 N.W. 18TH ST.
MARGATE FL 33063-3122

3. Date Incorporated or Qualified

02/11/1983

4. FEI Number

59-2289572

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

10. Name and Address of New Registered Agent

LIEBMAN, BESSIE
7640 NW 18TH STREET
MARGATE FL 33063

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME **LANE, LILY**
STREET ADDRESS **7684 N.W. 18TH ST.**
CITY-ST-ZIP **MARGATE, FL 33063 33063**

P
LIEBMAN, LEON
7640 N.W. 18 ST.
MARGATE FL 33063

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME **C/S**
STREET ADDRESS **WALNICK, ESTELLE**
CITY-ST-ZIP **7610 N.W. 18TH ST**
MARGATE, FL 33063 33063

V.P.
DABROW, ESTELLE
7688 NW 18 ST
MARGATE, FL 33063

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME **D**
STREET ADDRESS **LIPMAN HARRIET**
CITY-ST-ZIP **7684 NW 18TH ST.**
MARGATE, FL 33063

S
LIEBMAN, BESS
7640 N.W. 18 ST
MARGATE, FL 33063

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **D**
STREET ADDRESS **FRANKLIN, RHODA,**
CITY-ST-ZIP **462 LAUREL DR.**
MARGATE FL 33063

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **D**
STREET ADDRESS **SATCHELL, SAM**
CITY-ST-ZIP **7690 N.W. 18TH ST**
MARGATE, FL 33063 33063

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **D**
STREET ADDRESS **DAVIS, MILTON**
CITY-ST-ZIP **7684 NW 18TH ST**
MARGATE, FL 33063 0

6.2 NAME
6.3 STREET ADDRESS
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: X **Leon Liebman**

4/27/98

CR2037 (10/97)