

FILE NOW: FILING FEE IS \$61.25

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Jun 25 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 # **N94000000906 (7)**

1. Corporation Name

NARPPS/FLORIDA CHAPTER, INC.



Principal Place of Business	Mailing Address
P.O. BOX 621179 OVIEDO FL 32762-1179 US	POST OFFICE BOX 621179 OVIEDO FL 32762-1179 US

3. Date Incorporated or Qualified	02/18/1994
4. FEI Number	59-3244248
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. Seltzer / Delman, INC	26. 7900 Nova Drive
22. 7900 Nova Drive #104	27. Suite # 104
23. Ft. Lauderdale, FL	28. Ft. Lauderdale, FL
24. 33324	29. 33324
25. US	30. US

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	
PODGORSKI, STACEY M. 3308 HEATHGATE CT SUITE 175 ORLANDO FL 32812	

10. Name and Address of New Registered Agent	
81. Name	Claude Seltzer
82. Street Address (P.O. Box Number is Not Acceptable)	7900 Nova Drive
83. Suite	Suite 104
84. City	Ft. Lauderdale
85. Zip Code	FL 33324

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: *Claude B Seltzer* **CLAUDE B SELTZER** Director/President *4/1/98*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	NAME	STREET ADDRESS
DP	GRACEY, SANDRA L.	579 SNOW HILL RD
		GENEVA FL
		☒ DELETE
TITLE	NAME	STREET ADDRESS
SDT	CASPER, ALYSON	301 NW 84 AVENUE
		PLANTATION FL
		☒ DELETE
TITLE	NAME	STREET ADDRESS
DT	PODGORSKI, STACEY M.	3308 HEATHGATE CT
		ORLANDO FL
		☒ DELETE
TITLE	NAME	STREET ADDRESS
PD	SELTZER, CLAUDE B	7900 NORA DRIVE, STE. 201
		FT LAUDERDALE FL
		☒ DELETE
TITLE	NAME	STREET ADDRESS
		☐ DELETE
TITLE	NAME	STREET ADDRESS
		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS
DP	Steve Bast	4045 Tyndel Creek Ct.
		Jacksonville, FL 32223
		☐ Change ☒ Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS
DV	Alyson Casper	4850 West Oakland Park Blvd
		Ft. Lauderdale, FL 33313
		☐ Change ☒ Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS
DS	Eileen Glass	1711 Adams St.
		Longwood, FL 32750
		☐ Change ☒ Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS
DT	Claude Seltzer	7900 Nova Drive, Suite 104
		Ft. Lauderdale, FL 33324
		☐ Change ☒ Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS
		☐ Change ☐ Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS
		☐ Change ☐ 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 in an attachment with an address.

SIGNATURE: *Claude B Seltzer* **CLAUDE B SELTZER** Director/President *4/1/98* (R-1) 452-3000

CR2E037 (10/97)