FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 751720

1. Corporation Name

PALM SPRINGS NORTH ATHLETIC ASSOCIATION, INC.

| Principal Place of Business |
|-----------------------------|
| 17615 NW 82ND AVENUE |
| HIALEAH FL 33015-3606 |

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

15476 NW 77TH CT. #163 MIAMI LAKES FL 33016

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90133 023 ****61.25



3. Date Incorporated or Qualifed

03/26/1980

4. FEI Number

| 22 | | 27 | | | 39-2090320 | 1 1 | Not Applicable | | |
|--|--|--------------------------------|---------------------|--|---|-----------------------|------------------------|--|--|
| City & State | e | City & State | | | 5. Certificate of Status Desired | 11 | Additional Required | | |
| 23 | 28 | | | | | | <u> </u> | | |
| Zip | Country Zip Co | | | try | 6. Election Campaign Financing | | 🕽 May Be 🔻 | | |
| 24 | 25 29 30 | | | Trust Fund Contribution Added to Fees | | | | | |
| Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | | |
| | | | 1 | 31 Name 🥌 | Jack Shara | 01 | | | |
| REDDING | BERRIOS, VICTOR M | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | 18130 A)W 84 AVE | | | | |
| 16711 N.W. 72 COURT | | | Ta la | 33 | | | | | |
| HIALEAH FL 33015 | | | | | 1 | | | | |
| | | | 1 | 34 City | 010-6 | | Code | | |
| 44 = - | (0.11) | 7 0500 4 047 4500 Florida | Ctatutes the abo | 1F1 | oration submits this statement for the | | | | |
| office or r | anietorad agent or both in the S | State of Florida. Such change | a was authorized i | ov the comoration | on's board of directors. I hereby acce | pt the appointment as | registered | | |
| agent. I a | m familiar with, and accept the o | obligations of, Section 617.05 | 03, Florida Statut | es. | | | | | |
| SIGNATURE | Shown Bitour | L Ctreasure | i) Shar | on Zitn | nck | 1-8-99 | | | |
| | Signature, typed or print name of register | | (NOTE: Registered A | gent signature require | a what romoideng) | | CODS IN 12 | | |
| 12. | | S AND DIRECTORS | 13. | - Z3A | ADDITIONS/CHANGES TO OF | Change | | | |
| TITLE | PD | □ DEL | .ETE 1.1 TITL | وتبيعا | EIJO, LAZARO | . | ; C Addidon | | |
| NAME | MAHLE, JACK | | 1.2 NAM | E 394 | 255 N. AUGUSTA D | RIVE | | | |
| STREET ADDRESS | 8291 N.W. 170 TERRACE | | 1.3 STR | EET ADDRESS フる | 255 N. AUCIDSIII | | | | |
| CITY-ST-ZIP | HIALEAH FL 33015 | | 1.4 CITY | -ST-ZIP //1 | IAMI FL 33015 | | | | |
| TITLE | VD | ☐ DEL | ETE 2.1 TITL | | > | ⊠ Change | e | | |
| NAME | SIERRA, NELSON | | 2.2 NAM | E HO | OPER, PETER | _ | | | |
| STREET ADDRESS | 7230 N. OAKMONT DRIVE | | 2.3 STR | EET ADDRESS // 7 | 905 NW BICOURT | | | | |
| = | MIAMI FL 33015 | | | | ALEAH, FL 33015 | | | | |
| CITY-ST-ZIP | S | □ DEL | | E 5 | 11-2-111, 1 = 0 = 0 | Change | e Addition | | |
| | ZITNICK, SHARON | | 3.2 NAM | | AHLE, LAURIE | | | | |
| NAME | 40.000 \$1.00 00 41.00\$11.00 | | | EET ADDRESS 82 | 291 NN 170 TERRI | ALE | | | |
| STREET ADDRESS | 1 | | | | | | | | |
| CITY-ST-ZIP | HIALEAH FL 33015 | | | | ALEAH FL 330/S | Sa Change | e | | |
| TITLE | TD | ☐ DEL | | | TNICK, SHARON | Çilaliye | , | | |
| NAME | BERRIOS, VICTOR | | 4.2 NAJ | | | | • | | |
| STREET ADDRESS | 16711 N.W. 72 COURT | | 4.3 STR | | 130 NW 84 AUE | | | | |
| CITY-ST-ZIP | HIALEAH FL 33015 | | | -ST-ZIP | ALEAH, FL 3301 | | T Additi | | |
| TITLE | | ☐ DEL | | ··· | • | . Change | e Addition | | |
| NAME | | | 5.2 NAN | | | | | | |
| STREET ADDRESS | | | 5.3 STR | EET ADDRESS | | | * | | |
| CITY-ST-ZIP | | | 5.4 CITY | r-ST-ZIP | | | | | |
| TITLE | | ☐ DÉL | ETE 6.1 TITL | E | | ☐ Change | e 🔲 Addition | | |
| NAME | | | 6.2 NAM | 16 | | | | | |
| STREET ADDRESS | | | 6.3 STR | EET ADDRESS | | | | | |
| CITY-ST-ZiP | | | 6.4 CITY | r-ST-ZIP | | | | | |
| | | | | | | | | | |

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.

SIGNATURE:

SIGNATURE AND TYPEGOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Date Daylime Phone #

R2E037 (11/98)

Applied For