

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90104 017 ****61.25

0021835

DOCUMENT # 725806

1. Corporation Name

JOE RON NORTH CONDOMINIUM, INC.

Principal Place of Business

**2633 PIERCE STREET
HOLLYWOOD FL 33020**

Mailing Address

**2633 PIERCE STREET
HOLLYWOOD FL 33020**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/13/1973

4. FEI Number

59-1548965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**HORULKO, ALEX
2633 PIERCE ST
#105
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

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

TITLE **P** ☐ DELETE

NAME **PEREIRA, JUVENCIO**
STREET ADDRESS **2633 PIERCE ST, UNIT 101**
CITY-ST-ZIP **HOLLYWOOD, FL 00000 33020**

TITLE **VP** ☐ DELETE

NAME **MACALUSO, RICHARD**
STREET ADDRESS **2633 PIERCE ST., #108**
CITY-ST-ZIP **HOLLYWOOD, FL 00000**

TITLE **ST** ☐ DELETE

NAME **HORULKO, ALEX**
STREET ADDRESS **2633 PIERCE ST, #105**
CITY-ST-ZIP **HOLLYWOOD, FL 00000**

TITLE **D** ☐ DELETE

NAME **DELLAPIETRO, GERTRUDE**
STREET ADDRESS **2633 PIERCE ST., #104**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** ☐ DELETE

NAME **PEREIRA, ANNA**
STREET ADDRESS **2633 PIERCE ST., #101**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Alex Horulko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-99 954-920-3187
Date Daytime Phone #

CR2E037 (11/98)