

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90019 013 ****61.25

DOCUMENT # N04702

1. Entity Name

CLINE-PAUTSCH-KOTT POST 164, INC.



Principal Place of Business

571 WEST OCEAN AVE
BOYNTON BEACH FL 33426
US

Mailing Address

PO BOX 1018
BOYNTON BEACH FL 33425
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6200730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEMES, WILLIAM K.
10760 ROYAL CARIBBEAN CIR.
BOYNTON BEACH FL 33437

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEMES, WILLIAM K 10760 ROYAL CARIBBEAN CIR. BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOWRY, BRUCE A 51012 GALINA BAY BOYNTON BEACH FL 33436-1974	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HODGSON, THOMAS 2400 SPRINGDALE BLVD PALM SPRINGS FL 33461	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, DAVID A 9762 KAMENA CIR. BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAW, LAWRENCE W 1197 S. DRIVE WAY #13 DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WORK, MARTIN 11745 W 27TH AVE. BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V PRINCE, RICHARD B. JR. 334 N.W. 7TH CT. BOYNTON BEACH FL. 33426-3623	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S SILVA DAVID A. 9762 KAMENA CIR. BOYNTON BEACH, FL. 33436-3958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D FILIPER, JAMES H. 10281 185TH ST. S. BOCA RATON FL. 33498	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D WORK, MARTIN 11745 W 27TH AVE. BOYNTON BEACH, FL. 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T SAUNDERS RICHARD E. 1112 LAKE TER. #B106 BOYNTON BEACH FL. 33426-4279	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William K Nemes* **WILLIAM K NEMES PRESIDENT** **2-26-04** **561-734-8125**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #