

FILED
Jun 19, 2003 8:00 am
Secretary of State

04-11-2003 90109 023 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

4/1
4/1

DOCUMENT # 714296

1. Entity Name

AHEPA CHAPTER NO. 18 COMMUNITY CENTER OF THE PALM BEACHES, INC.



Principal Place of Business

P.O. BOX 2044
WEST PALM BEACH FL 33402

Mailing Address

2. Principal Place of Business,

4370 COMMUNITY DRIVE

Suite, Apt. #, etc.

OFFICE

3. Mailing Address

4370 COMMUNITY DRIVE

Suite, Apt. #, etc.

OFFICE

City & State

WEST PALM BEACH, FL.

Zip

33409

Country

City & State

WEST PALM BEACH, FL.

Zip

33409

Country

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PSOINOS, GEORGE D.
1655 PALM BEACH LAKES BLVD.
SUITE 108
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE PD
NAME SPILLIAS, KENNETH
STREET ADDRESS 147 GREGORY RD
CITY-ST-ZIP WEST PALM BEACH FL 33405 ☒ Delete

TITLE VP
NAME LOUDARDS, ANTONIOS
STREET ADDRESS ~~8000 BIG WICKET APT 100~~
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☒ Delete

TITLE TD
NAME PAPADAKIS, JOHN J
STREET ADDRESS 1620 YACHTMAN PLACE
CITY-ST-ZIP WELLINGTON FL ☒ Delete

TITLE RS
NAME CARAS, WILLIAM
STREET ADDRESS 6511 LAKE CLARKE DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33408 ☒ Delete

TITLE ~~666~~ SECRETARY
NAME PAPAGEORGIOU, VASSILIOS
STREET ADDRESS 208 CLAREMONT LANE
CITY-ST-ZIP PALM BEACH SHORES FL ☒ Delete

TITLE D
NAME TSIMEKLES, JOHN N
STREET ADDRESS 29 PICKWICK DRIVE EAST
CITY-ST-ZIP GREEN ACRES FL 33463 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ELIAS MAGALIOS
STREET ADDRESS 321 PALMETTO ST.
CITY-ST-ZIP WEST PALM BEACH FL 33405 ☒ Change ☐ Addition

TITLE VPD
NAME ALEX SCOTT
STREET ADDRESS S. OCEAN BLVD.
CITY-ST-ZIP PALM BEACH, FL 33480 ☐ Change ☐ Addition

TITLE ~~RS~~
NAME ~~GRAHAM LARMER~~
STREET ADDRESS ~~116 TITOWTON DR.~~
CITY-ST-ZIP ~~PALM BEACH GARDENS, FL 33418~~ ☒ Change ☐ Addition

TITLE ~~RS~~
NAME ~~GRAHAM LARMER~~
STREET ADDRESS ~~116 TITOWTON DR.~~
CITY-ST-ZIP ~~PALM BEACH GARDENS, FL 33418~~ ☒ Change ☐ Addition

TITLE ~~RS~~
NAME ~~GRAHAM LARMER~~
STREET ADDRESS ~~116 TITOWTON DR.~~
CITY-ST-ZIP ~~PALM BEACH GARDENS, FL 33418~~ ☐ Change ☐ Addition

TITLE ~~RS~~
NAME ~~GRAHAM LARMER~~
STREET ADDRESS ~~116 TITOWTON DR.~~
CITY-ST-ZIP ~~PALM BEACH GARDENS, FL 33418~~ ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

Attachment 55049061
#714296

DIRECTORS

1. MAGALIOS
2. SCOTT
3. PAPADAKIS
4. LARMER
5. TSIMERLES