

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 719950 (8)**

1. Corporation Name

**THE HEMISPHERES SOCIAL CLUB, INC.**

Principal Place of Business

Mailing Address

C/O DOROTHY ROSS  
1985 S. OCEAN DR., APT. 5N  
HALLANDALE FL 33009-5939

C/O DOROTHY ROSS  
1985 S. OCEAN DR., APT. 5N  
HALLANDALE FL 33009-5939



3. Date Incorporated or Qualified

**12/30/1970**

3a. Date of Last Report

**03/16/1995**

2. Principal Place of Business

2a. Mailing Address

**21** *Same AS*

**26** *Same AS*

4. FEI Number

**23-7313568**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSS, DOROTHY  
1985 SOUTH OCEAN DRIVE  
APT # 5N  
HALLANDALE FL 33009**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
ROSS, DOROTHY  
1985 S. OCEAN DR., APT 5N  
HALLANDALE FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
*Same*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
GOLDMAN, HAROLD  
1980 S. OCEAN DR. APT 21L  
HALLANDALE FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
*Same*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VDVP  
FRANK, BELLE  
1950 S OCEAN DR #12E  
HALLANDALE FL**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
*Same*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VDVP  
LEITSTEIN, JEANNE  
1980 S OCEAN DR APT MP  
HALLANDALE FL**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
*Same*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
DON, MARY C  
1980 S OCEAN DR APT 7Q  
HALLANDALE FL**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
*Same*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
KAUFMANN, EODYTHE  
1980 S OCEAN DR APT 20F  
HALLANDALE FL**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
*Same*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Mary C. Don*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/15/96 (305) 456-1617*

Date

Daytime Phone #

CR2E037 (12/95)