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Apr 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33009-5839

C/O DOROTHY ROSS
1985 S. OCEAN DR., APT. 5N
HALLANDALE FL 33009-5828

3. Date Incorporated or Qualified
12/30/1970

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Same as above

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS Same
1.4 CITY - ST - ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS Same
2.4 CITY - ST - ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS Same
3.4 CITY - ST - ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS Same
4.4 CITY - ST - ZIP

TITLE TD ☐ DELETE
NAME DON, MARY C
STREET ADDRESS 1980 S OCEAN DR APT 70
CITY - ST - ZIP HALLANDALE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS Same
5.4 CITY - ST - ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS Same
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED Mary C. Don 3/27/97 (954) 456-1617
Date Daytime Phone # 0022827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)