FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION**

ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

(8)

THE HEMISPHERES SOCIAL CLUB, INC.

FILED Apr 03 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						AF GIGIN GIGII GIGII GIGII GIGII AIGIF
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		
				4. FEI Number	Applied For	
					23-7313568	Not Applicable
2. Principal Place of Business 21 SAME AS ABOVE		2a. Mailing Address 26 SAHE AS ABOVE			\$8.75 Additional Fee Required	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
22		City & State		Trust Fund Contribution		
City & State		28		7. Is this nonprofit corporation a homeowners association?		
Zip Country		Zip Country		8. This corporation owes or has paid the current year intangible		
24	25	⊢ ⊸ ` ⊢	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	11			10. Name and Address of New Registe	
			81	Name		
ROSS, DOROTHY			82	82 Street Address (P.O. Box Number is Not Acceptable)		
1985 SOUTH OCEAN DRIVE					(
APT # 5N ;			83			
HALLANI		84	'		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.	Signature, typed or printed name of registered agent		Hegistered Apr	eni eignalure r	equired when reinstaling) ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE	1.1 TITLE			Change Addition
NAME	ROSS, DOROTHY	- · ·	1.2 NAME			
STREET ADDRESS	1985 S .OCEAN DR.,APT 5N		1.3 STREET	ADDRESS	CAUC	
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY - S		SAME	
TITLE	VD	☐ DELETE	2.1 TITLE			Change Addition
NAME	GOLDMAN, HAROLD		2.2 NAME			
STREET ADDRESS	1980 S. OCEAN DR.APT 21L		2.3 STREET	ADDRESS	CAHA	
CITY-ST-ZIP	HALLANDALE FL		2. 4 CITY-	ST-ZIP	JAME	
TITLE			3.1 TITLE			☐ Change ☐ Addition
NAME	Prank, Belle		3.2 NAME		- 4	
STREET ADDRESS	1950 S OCEAN DR #12E		3.3 STREET	ADDRESS	SAME	
CITY-ST-ZIP	HALLANDALE FL		3.4. CITY-	ST-ZIP		
TITLE	VDVP	☐ DELETE	4.1 TITLE	ļ		Change Addition
NAME	LEITSTEIN, JEANNE		4. 2 NAME			
STREET ADDRESS	1980 S OCEAN DR APT MP		4.3 STREET		SAME	
CITY-ST-ZIP	HALLANDALE FL	DELETE	4.4 CITY - S	IT-ZIP		Change Addition
TITLE	TD DON MARY C	☐ DELETE	5.1 TITLE			Change Addition
NAME CTREET ADDRESS	DON, MARY C 1980 S OCEAN DR APT 7Q		5.2 NAME 5.3 STREET	ADDOLOG	Cn	
STREET ADDRESS	HALLENDALE FL				SAME	
CITY-ST-ZIP TITLE	80	DELETE	5.4 CITY-S 6.1 TITLE	11-ZIF		Change Addition
NAME	KAUFMANN, EDYTHE	tent Decree	6.2 NAME		LAME	
STREET ADDRESS	1980 S OCEAN DR APT 20F		6.3 STREET	ADDRESS	CAME	
CITY-ST-ZIP	HALLENDALE FL		6.4 CITY-S		7/1/16	
M. (baraby o		able filtre along out availe, for			Lin Section 110 07/3Vi) Florida Statutes I furth	as a satification that 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.