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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

4. FEI Number: 23-7313568 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 SAME AS ABOVE	26 SAME AS ABOVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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	SAME	
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP		
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	SAME	
CITY-ST-ZIP	HALLANDALE FL		2. 4 CITY-ST-ZIP		
TITLE	VDVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRANK, BELLE		3.2 NAME		
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		☐ Change ☐ Addition
NAME	LEITSTEIN, JEANNE		4. 2 NAME		
STREET ADDRESS	1980 S OCEAN DR APT MP		4.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	HALLANDALE FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DON, MARY C		5.2 NAME		
STREET ADDRESS	1980 S OCEAN DR APT 7Q		5.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	HALLENDALE FL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KAUFMANN, EDYTHE		6.2 NAME		
STREET ADDRESS	1980 S OCEAN DR APT 20F		6.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	HALLENDALE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: _____