

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/98: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT

1997



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

DOCUMENT #

720540

(4)

1. Corporation Name

CLUB 15, INC.

FILED
Jun 18 1997 8:00am
Secretary of State

Principal Place of Business

Mailing Address

P.O. BOX 10736
TAMPA FL 33670

P.O. BOX 10735
TAMPA FL 33670

2. Principal Place of Business

2a. Mailing Address

1 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

3 City & State

3a City & State

4 Zip

Country

4a Zip

Country

5. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUBER, MALEANA V
11405 WHISPERING HOLLOW DR
TAMPA FL 33635

81 Name

Luisa M. Cisneros

82 Street Address (P.O. Box Number is Not Acceptable)

4918 Lyford Cay Rd.

83

84 City

Tampa

FL

85 Zip Code
33629

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

Luisa M. Cisneros

Luisa M. Cisneros

6/6/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CURA, MIRTA
STREET ADDRESS	3103 W BURKE
CITY-ST-ZIP	TAMPA FL
TITLE	V
NAME	SMITH, CRISTINA
STREET ADDRESS	11310 ORANGE GROVE CT
CITY-ST-ZIP	TAMPA FL
TITLE	SD
NAME	HUBER, MALEANA V
STREET ADDRESS	11405 WHISPERING HOLLOW DR
CITY-ST-ZIP	TAMPA FL
TITLE	TD
NAME	GERRKE, HILDA ROSA
STREET ADDRESS	86 MARTINIQUE AVENUE
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D
1.2 NAME	Gladys Finales
1.3 STREET ADDRESS	14123 Riverstone Dr. Tampa, FL.
1.4 CITY-ST-ZIP	33624
2.1 TITLE	Malena Huber - VP/D
2.2 NAME	11405 Whispering Hollow Dr.
2.3 STREET ADDRESS	Tampa, FL. 33635
2.4 CITY-ST-ZIP	
3.1 TITLE	Luisa M. Cisneros - S/D
3.2 NAME	4918, Lyford Cay Rd.
3.3 STREET ADDRESS	Tampa, FL. 33629
3.4 CITY-ST-ZIP	
4.1 TITLE	Hilda R. Geerken - T/D
4.2 NAME	86 Martinique Ave. (SAME)
4.3 STREET ADDRESS	Tampa, FL. 33606
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Luisa M. Cisneros, Sec. D
4/28/97 (813) 286-7973