

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90004 032 ****70.00

DOCUMENT # 722690

1. Entity Name

THE OPTIMIST CLUB OF PASADENA LAKES, INC.



Principal Place of Business

8815 PASADENA BLVD.
PEMBROKE PINES FL 33024

Mailing Address

8815 PASADENA BLVD.
PEMBROKE PINES FL 33024

34066969



MOORE

CR2E037 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

PEMBROKE PINES FL

4. FEI Number

23-7173397

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

Zip

Country

Zip

33024

Country

USA

6. Name and Address of Current Registered Agent

DAVIS, MARK
8321 NW 17CI
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

ALONDI, STEVE

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

8101 N.W. 12 STREET

City

PEMBROKE PINES

FL

Zip Code

33024

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

STEVE ALONDI

8-2-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to -
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☒ Delete
NAME	ALONDI, STEVE	
STREET ADDRESS	8101 NW 12ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	☒ Delete
NAME	ANRIANIS, PAUL	
STREET ADDRESS	830 S PARK RD 4-29	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	T	☐ Delete
NAME	GARY, PATRICK	
STREET ADDRESS	8391 N.W. 24TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	S	☐ Delete
NAME	ST JEAN, SUSAN	
STREET ADDRESS	109 NW 108AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33026	
TITLE	D	☒ Delete
NAME	FUCHS, JIM	
STREET ADDRESS	856 NW 164 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	☒ Delete
NAME	WOOD III, BOBBY	
STREET ADDRESS	324 SW 161 AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33027	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☒ Addition
NAME	VITELLI, ANTHONY	
STREET ADDRESS	4215 POKK ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	P	☐ Change ☒ Addition
NAME	KRAMER, RICHARD	
STREET ADDRESS	1810 N.W. 117 TERR	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	☐ Change ☒ Addition
NAME	COINS, JESS	
STREET ADDRESS	7666 RALEIGH ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	P	☐ Change ☒ Addition
NAME	IRIZARRY, MIKE	
STREET ADDRESS	11820 NW 23 ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]

TREASURER

8-2-04

954-492-3300