FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Wo: \toni

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(1)

WOMEN OF THE STARLE, INC.

WOMEN OF THE STABLE, INC.																
Principal Place of Business					Mailing Address							IL DIGH HAR		IIDII BIDII BIA	H 01011 01011 1001	
ST. MAURICE CATHOLIC CHURCH FT. LAUDERDALE FL 33312				FT L	2851 STIRLING RD FT LAUDERDALE FL 33312					3. Dat	le Incorporated or 10/02/1973	Qualified				
us			US					<u> </u>	4. FEI	Number				Applied For		
											59-1323079				Not Applicable	
	2. Principal Place of Business				2a. Mailing Address					5. Cer	tificate of Status I	Desired		\$8.7	5 Additional	
21	Sulte, Apt. #, etc.			26	Suite, Apt. #, etc.										Required	
22	¬ ' '			27							ction Campaign F st Fund Contributi	_			O May Be d to Fees	
	City & State				City & State					7. 1s this nonprofit corporation a homeowners association?						
23	<u></u>			28						☐ Yes 🜠 No						
	Zip Country		Zip Country			/		8. This	s corporation owe	s or has pa	aid the c	urrent year	Intengible			
24				29		30					sonal Property Ta			☐ Yes	No No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Ager 81 Name													Agent			
							"	Name MAA	LA-	ELE	NA PIN	To				
	FALZON		82	Street	Address	(P.O. (Box Number is No	t Accepta								
	5700 N F		83	26	20	<u>S-1</u>	J. 547	n. P	LAC	جا .						
FT LAUDERDALE FL 33312								1								
							84	City	. 1	A N			FI	85 Z	ip Code	
11	Pursuant t	o the provisi	ions of Sections 617.050	02 and 61	7.1508. Florida St	latutes, the	a above	e-named	cornore		bmits this statement	ont for the			o its registered	
	office or re	egistered ag	ent, or both, in the State th, and accept the oblig	of Florida	a. Such change w	vas authori	zed by	the cor	poration	's board	of directors. I he	reby acce	pt the ap	pointment	as registered	
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Sil	SNATURE 1	Signature, typed	or printed name of registered ag	ent and title if	applicable	(NOTE: Regist	tered Age	ent algnature	e required w	rhen reinst	lating)	<u>. </u>	DATE			
12			OFFICERS AN	D DIRECT	TORS	1:	3.	•		ADD	TIONS/CHANGES	TO OFFIC	CERS AN	D DIRECT	ORS IN 12	
TIT	.E	PD			X DELETE	1.	1 TITLE	D-	PRE	SIP	GNT			Chang	ge Addition	
NAI	ME .		e, annie			1.7	2 NAME	_	MA	O.A.	GLANA 1	אואַע	DA (A			
		5700 N I	Park RD	1.3 ST			3 STAEET	ADDRESS	262	3 ن.	. w. 54	Th	PSA	66		
CiT	Y-ST-ZIP		DERDALE FL 33312		···		4 CITY - S	T-ZIP	27.	له 4 سا	A. FI.	353				
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STREET ADDRESS			/ 54 PL T.			2.	3 STREET	ADDRESS	24	⊳ B	Riggues	D CI	A C LE	7		
			ERDALE FL 33312		IVI ocuses			2.4 CITY-ST-ZIP			000 4	<u> </u>		3029		
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NAJ			ILE, JANICE			1	2 NAME			الالرا	74 BÜLM N.W. 10	(7) N				
	EET ADDRESS		ARWOOD CIR.					ADDRESS	741				7	Z		
	Y-ST-ZIP	HOLLYW	OUD FL		X DELETE		4. CITY-5	ST-ZIP			ATION.	F!		53 L 2		
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NA			SHZANNE		DECEMBER 1		2 NAME	•			ATOLA	CRO		PER CHAIR	ru Las Auginoli	
STREET ADDRESS		O'BRIEN, SUZANNE 3420 ISLAND BLVD						AUUDEGG			1.00.10		Τ.			
•	Y-ST-ZIP	MIRAMAI						1 1 1			and the second s	Fi.		3 22		
TITE		D D	1116		▼ DELETE		1 TITLE	1 · LIP	A		ATION S			Chann	e Addition	
NA		•	DER, MARIA			- 1	2 NAME		ANN	116	N. PAR	KA	b . I	PAST	PRESIDA	
	EET ADDRESS		UNKET ST.					address	2 (10 41	DEROAL					
	-ST-ZIP	HOLLYW					4 CITY-S		-11	u4 0	DR LAND MITT	4 P	ı. >	3 513	4	

6.4 CITY - ST - ZIP 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 is changed; or on an attachment with an address.