FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

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Apr	15	1998		8:00am
Se	cre	tary ()1	f State

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1. Corporation	Name	TŤ	12930	10	- (<i>ગ</i>						
TAMARAC PRESIDENTS COUNCIL, INC.												
Principal Place	a of Rusines			Ma	iling Addre	88				-	III)	
Principal Place of Business Malling Address 5410 BANYAN LANE TAMARAC FL 33319 TAMARAC FL 33319												
										3. Date Incorporated or Qualified		
						3010				04/09/1974 4. FEI Number Applied F		
										4. FEI Number Applied F 59-2100815 Not Appli		
2. Principal Place of Business 2a. Malling Address						dress				CO 75 4 d Maio		
21				26						5. Certificate of Status Desired Fee Required		
Suite, Apt. #, etc.					Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be)	
22	22					27				Trust Fund Contribution		
City & State	Ð			— — — — — — — — — — — — — — — — — — —	City & State					7. Is this nonprofit corporation a homeowners association?		
Z ip	Zip Country				Zip Country			,	····	This corporation owes or has paid the current year Intangible		
24	25		29	 			Country		Personal Property Tax due June 30. Yes No	•		
1241	9. Name		Address of Curr		ered Agen					10. Name and Address of New Registered Agent		
							B1	١	lame			
PLATZ, I	.EO						62	1	Street Addre	ess (P.O. Box Number is Not Acceptable)		
5410 BANYAN LANE								L				
TAMARAC FL 33319						63	1					
							84	7	City	85 Zip Code		
11 Directors	to the provide	lone	ol Sections 617 O	502 and 61	7 1509 FM	vida Statuta	s the ehou	L.,	amed corp	oration submits this statement for the purpose of changing its regis	tered	
office or r	egistered ac	gent,	or both, in the Sta	ate of Florid	la. Such ch	ange was a	uthorized by	y th	e corporation	oration submits this statement for the purpose of changing its registion's board of directors. I hereby accept the appointment as registed	red	
	ris i Birilli Bir W	1111, 8 -	nd agoept the ob			ir.0000, F10	IIQA ŞIAIUIS	о.		4/7/48		
SIGNATURE .	Signature, typed	i Pork	ted name of registered	agent and title i	If applicable.	(NOTE	: Registered Ag	eni 1	ignature require	ed when reinstating) DATE		
12.			OFFICERS A	AND DIREC			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	D					DELETE	1.1 TITLE			Change A	ddition	
NAME	SOHN, LOU				1		1	1.2 NAME				
STREET ADDRESS			TH PLACE					1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	TAMAR/	U r	<u>. </u>		— —	DELETE	1.4 CITY-5 2.1 TITLE	51-4	(119)	☐ Change ☐ A	ddition	
NAME		WAITER		_			22 NAME					
STREET ADDRESS	COGHLAN, WALTER ss 4806 NW 49TH CT.							2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMAR/				2.44			2. 4 CITY-ST-ZIP				
TITLE	TD					DELETE	3.1 TITLE			Change A	ddition	
NAME	PLATZ,	LEO					32 NAME					
STREET ADDRESS			W LANE				3.3 STREET	T AD	ORESS			
CITY-ST-ZIP	TAMAR/	AC F	L		F1	DELETE	3.4. CITY-	ST-	ZIP	☐ Change ☐ A	ddition	
TITLE	VPD	100	-		ليا	DELETE	4.1 TITLE			□' torsuβe □ A	WUILIUII	
HAME	PADWA						4. 2 NAME		00500			
STREET ADDRESS	TAMARA		i Univ dr.				4.3 STREET					
CITY-ST-ZIP TITLE	SD	70 F	<u>L</u>			DELETE	5.1 TITLE	31-4	ur .	☐ Change ☐ A	ddition	
NAME	JULIA R	Ft H	AND		_	· -	5.2 NAME					
STREET ADDRESS			TERRACE				5.3 STREE		DRESS			
CITY-ST-ZIP	TAMARA						5.4 CITY-					
TITLE						DELETE	6.1 TITLE			☐ Change ☐ A	ddition	
NAME							6.2 NAME					
STREET ADDRESS							6.9 STREE	T AD	oress			
CITY-ST-ZW	<u> </u>			<u> </u>	HIST A	mb march 11.8 · 4	6.4 CITY-			Section 119 07(3)(i). Florida Statutes. I further certify that the inform	antice.	
				T LANGE TO SE		OF PRINCIPLE PA	TIND OVERW	TITLE	n Braraci in 1	Security and Light Court of State of St		

Thereby 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 informatio 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 cath; that I am an efficier 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.

GNATURE:

4/7/48

954-485.4975

SIGNATURE:

954-485.4975