

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 729305**

1. Corporation Name

**TAMARAC PRESIDENTS COUNCIL, INC.**

Principal Place of Business

5410 BANYAN LANE  
TAMARAC FL 33319

Mailing Address

5410 BANYAN LANE  
TAMARAC FL 33319

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90006 027 \*\*\*\*61.25

394666<sup>a</sup> - 90006 - <sup>b</sup>27 6 \*



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/09/1974

4. FEI Number

59-2100815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

PLATZ, LEO  
5410 BANYAN LANE  
TAMARAC FL 33319

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

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 ☐ DELETE

NAME **D SOHN, LOU**  
STREET ADDRESS **7110 NW 74TH PLACE**  
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ DELETE

NAME **P COGHLAN, WALTER**  
STREET ADDRESS **4806 NW 49TH CT.**  
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ DELETE

NAME **TD PLATZ, LEO**  
STREET ADDRESS **5410 BANYAN LANE**  
CITY-ST-ZIP **TAMARAC FL**

TITLE ☒ DELETE

NAME **VPD PADWA, JOE**  
STREET ADDRESS **6601 NORTH UNIV DR.**  
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ DELETE

NAME **SD JULIA REULAND**  
STREET ADDRESS **4440 NW 26 TERRACE**  
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VPD  
Dorothy Murphy  
5008 North West 50th Court  
Tamarac, Florida 33309

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503(4), Florida Statutes, and 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, with all other like empowered.

SIGNATURE: **Leo Platz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (11/98)