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FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734914** (5)

1. Corporation Name

**THE CHARTER CLUB, INC.**

Principal Place of Business

Mailing Address

**800 NORTHEAST 36TH STREET  
MIAMI FL 33137**

**600 NORTHEAST 36TH STREET  
MIAMI FL 33137**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

Country

**29**

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**02/07/1976**

4. FEI Number

**59-1681500**

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**VIAMONTE, MANUEL B  
358 W. 58 TER.  
HIALEAH FL 33012**

**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	PD	<input type="checkbox"/> DELETE
NAME	WIENSOFF, IRVING	
STREET ADDRESS	600 NE 36TH STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THORN, KEIKO	
STREET ADDRESS	600 NE 36TH STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ENSMINGER, RICHARD	
STREET ADDRESS	600 NE 36TH STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WEINGARTNER, MARY JANE	
STREET ADDRESS	600 NE 36TH ST	
CITY-ST-ZIP	MIAMI FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	LOMBARDI, CAROLINA	
STREET ADDRESS	600 NE 36TH ST	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HASHBUN, ALLEN	
STREET ADDRESS	600 NE 36TH ST	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Autumn Arranza	
1.3 STREET ADDRESS	600 NE 36 Street	
1.4 CITY-ST-ZIP	Miami, FL 33137	

2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Terry Gonzales	
2.3 STREET ADDRESS	600 NE 36 Street	
2.4 CITY-ST-ZIP	Miami, FL 33137	

3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kal Shmueli	
3.3 STREET ADDRESS	600 NE 36 Street	
3.4 CITY-ST-ZIP	Miami, FL 33137	

4.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richard Ensminger	
4.3 STREET ADDRESS	600 NE 36 Street	
4.4 CITY-ST-ZIP	Miami, FL 33137	

5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Allen Hasbun	
5.3 STREET ADDRESS	600 NE 36 Street	
5.4 CITY-ST-ZIP	Miami, FL 33137	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)