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 # 739215

1. Corporation Name

AL KAREEM CLUB OF PINELLAS COUNTY, INCORPORATED

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90063 042 ****61.25

	<u> </u>							•	
Principal Place of Business Mailing Address						•			
7415 PINE VAL	LEY LANE	7415 PINE VALLEY LANE				 	(1 88) (1888) (188	<u> </u>	
SEMINOLE FL	33776	SEMINOLE FL 33776							
US US						i 1861ii 18520 ittin tolia ittai	1988) Aftrement at	.,,,	
2 Principal P	Igon of Business	2a. Mailing Address				3. Date incorporated or Quali	fed		
——————————————————————————————————————						06/03/1977			
21 26						4. FEI Number Applied For			pplied For
						59-1822286		Not Applicable	
22 27								\$8.75	Additional
23	•	28			ļ	5. Certificate of Status Desired Fee Required			
Zip	Country	Zip				6. Election Campaign Financing S5.00 May Be			
24	25	29	30			Trust Fund Contribution	"" ⁹ 🗆	Added	to Fees
	9. Name and Address of Curren					10. Name and Address of Ne	w Registered	Agent	
				81	Name 7	2 B			1
DET MADY I				82	Street Address	is (R.O. Box Number is Not Acc	entable) o		
BEZ, MARY J				82	7415	Pine Valle	u La	مرتعبيع	i
7415 PINE VALLEY LANE SEMINOLE FL 33776				83			7	;	
SEMINOLE	FE 33770			24	- N			oe Zio	Code
				84	City	سواب	FL	_ 85 Zip	3776
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	tes, the al	oove-	named corner	ation cubmite this statement for	the purpose o	f changing it	s registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthorized	by tr	ne corporation	's board of directors. I hereby a	ccept the appo	intment as r	egistered [
_	m familiar with, and accept the obliga	mons of, Section 617.0505, Fit	nida Otati	1100.					1
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	Registered	Agent s	signature required w	vhen reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1.1 TI	LE				Change	☐ Addition
NAME	SABA, PAUL		1.2 NA	ME					ĺ
STREET ADDRESS	1001 STARKEY RD		1.3 ST	REETA	ADDRESS				
CITY-ST-ZIP	LARGO FL		1.4 CF	TY-\$T-	ZIP	<u> </u>			
TITLE	TD	☐ DELETE	2.1 TT	ILE			. 24 -	Change	→ 🖸 Addition }
NAME	BEZ, MARY J		2.2 N	ME					
STREET ADDRESS	7415 PINE VALLEY LANE		2.3 \$1	REETA	ADDRESS				
CITY-ST-ZIP	SEMINOLE FL		2.4 C	TY-ST-	ZIP				
TITLE	VD	☐ DELETE	3.1 TI	ſΈ				Change	☐ Addition
NAME	ELLIS, ELAINE		3.2 NA	ME					
STREET ADDRESS	T		3.3 ST	REETA	ADDRESS .				Ì
CITY-ST-ZIP	TERA VERDE FL		34.C	TY-ST-	ZIP				
TITLE	SD	☐ DELETE	4.1 TF	ΓLE				☐ Change	Addition
NAME	HAYECK, ELAIN		4. 2 N	AME					ł
	4321 SUMMER SUN DR		4.3 ST	REETA	NODRESS .				
	NEW PT RICHEY FL		4.4 CI	TY-ST-	ZIP				
TITLE		☐ DELETE	5.1 TF					☐ Change	Addition
NAME			5.2 N	ME					ĺ
STREET ADDRESS			5.3 S1	REETA	ADDRESS				
CITY-ST-ZIP			5.4 CI	TY-ST-	ZIP	•			<u> </u>
TITLE		☐ DELETE	6.1 TI	TLE				☐ Change	☐ Addition
NAME			6.2 N/	ME	İ				
	Į.								
STREET ADDRESS			6.3 5	REETA	ADDRESS]

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, with all other like empowered.

SIGNATURE:



1- 13 - 99 Date

7.57-3 97-4083