

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750538

(1)

1. Corporation Name

COLLIE CLUB OF GREATER MIAMI, INC.

Principal Place of Business

4160 NORTHWEST 13 AVENUE
FT LAUDERDALE FL 33309
US

Mailing Address

4160 NORTHWEST 13 AVENUE
FT LAUDERDALE FL 33309
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WYROBECK, MARCIE
4160 NORTHWEST 13 AVENUE
FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified

01/09/1980

4. FEI Number

65-0053795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

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

Marcie Wyrobeck

Marcie Wyrobeck

11/05/98

Signature typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ST
NAME OCHOA REBECCA
STREET ADDRESS 21010 N.E. 24TH COURT
CITY-ST-ZIP NORTH MIAMI BEACH FL
☒ DELETE

1.1 TITLE ST
1.2 NAME DR LINDI BOSSART
1.3 STREET ADDRESS 1630 E. OAKLAND PARK BLVD
1.4 CITY-ST-ZIP FT LAUDERDALE, FL 33334
☒ Change ☒ Addition

TITLE VT
NAME NANCY COMPARATO
STREET ADDRESS 5835 SW 87TH WAY
CITY-ST-ZIP COOPER CITY FL
☒ DELETE

2.1 TITLE VT
2.2 NAME P. ELENA GELDOP
2.3 STREET ADDRESS 10161 SW 117TH CT
2.4 CITY-ST-ZIP MIAMI, FL 33186
☒ Change ☒ Addition

TITLE TT
NAME HIGHT, MARY BETH
STREET ADDRESS P.O. BOX 17262 N/A
CITY-ST-ZIP WEST PALM BEACH FL 33416
☒ DELETE

3.1 TITLE TT
3.2 NAME JAMES EFRON
3.3 STREET ADDRESS 1630 E. OAKLAND PARK BLVD
3.4 CITY-ST-ZIP FT LAUDERDALE, FL 33334
☒ Change ☒ Addition

TITLE S
NAME WYROBECK MARCIE
STREET ADDRESS 4160 NW 13TH AVE
CITY-ST-ZIP FT LAUDERDALE FL
☐ DELETE

4.1 TITLE
4.2 NAME 300002683841
4.3 STREET ADDRESS -11/09/98--01098--001
4.4 CITY-ST-ZIP *****236.25 *****236.25
☐ Change ☐ Addition

TITLE P
NAME BREWER KAREN
STREET ADDRESS 6051 SW 27TH ST
CITY-ST-ZIP MIRAMAR FL
☒ DELETE

5.1 TITLE P
5.2 NAME JOSEFINA PEREZ-CASTRO
5.3 STREET ADDRESS 8645 SW 132 CT
5.4 CITY-ST-ZIP MIAMI, FL 33183
☐ Change ☒ Addition

TITLE T
NAME STERNBACH, FELICIA
STREET ADDRESS 11131 S.W. 69 TERRACE
CITY-ST-ZIP MIAMI FL 33173
☐ DELETE

6.1 TITLE D
6.2 NAME STERNBACH, FELICIA
6.3 STREET ADDRESS 11131 SW 69 TERR.
6.4 CITY-ST-ZIP MIAMI, FL 33173
☒ Change ☒ Addition

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: *James Efron* JAMES EFRON

11/5/98

954 561-8777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000210

CR2E037 (5/98)

FILED

98 NOV -6 AM 9:51

SECRETARY OF STATE

