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 # 75

1. Corporation Name

751720

(4)

PALM SPRINGS NORTH ATHLETIC ASSOCIATION, INC.

FILED Feb 23 1998 8:00am Secretary of State

	SPRINGS NUMTH ATRLETT	<u></u>				
Principal Plac	ce of Business	Mailing Addre	88			
17615 NW 82ND AVENUE C/O VICTOR BERRIOS HIALEAH FL 33015-3606 16711 N.W. 72 COURT HIALEAH FL 33015			COURT			3. Date incorporated or Qualified 03/26/1980
						4. FEI Number 59-2090326 Applied For Not Applicable
21	Place of Business	2a. Mailing Ad 26	dress			5. Certificate of Status Desired S8.75 Additional Fee Regulred
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
City & State		City & State				7. Is this nonprofit corporation a homeowners association?
23		28				☐ Yes X No
Zip Country		Zip Country			8. This corporation owes or has paid the current year intengible	
24	25	29	30	<u> </u>		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agen	<u> </u>		41	10. Name and Address of New Registered Agent
				81	Name	
	S, VICTOR M I.W. 72 COURT			82	Street Add	ress (P.O. Box Number is Not Acceptable)
HIALEAH	1 FL 33015			63		
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Flo	rida Ŝtatutes, t	the above	-named corp	
office or i	registered agent, or both, in the State am familiar with, and accept the oblic	e of Florida. Such cha pations of Section 61	ange was autho 7.0503. Florida	orized by Statutes	the corpora	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE		,			•	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Re	glatered Age	ni signature requi	fred when reinstating) DATE
12.		D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	LJ	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MAHLE, JACK			1.2 NAME		
STREET ADDRESS	8291 N.W. 170 TERRACE			1.3 STREET	ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33015			1.4 CITY-S1	r-ZIP	
TITLE	VD NEIGON	السا	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SIERRA, NELSON			2.2 NAME	Ì	and the second
STREET ADDRESS	7230 N. OAKMONT DRIVE			2.3 STREET		•
CITY-ST-ZIP	MIAMI FL 33015 S			2.4 CITY-S	T-ZIP	[] Ob [] Addition
TITLE	ZITNICK, SHARON			3.1 TITLE		Change Addition
NAME OTDEET ADDRESS	18130 N.W. 84 AVENUE			3.2 NAME	, DODESC	
STREET ADDRESS	HIALEAH FL 33015			3.3 STREET		
CITY-ST-ZIP	TD	<u> </u>	DELETE	3.4. CITY-S' 4.1 TITLE	1 - ZIF	☐ Change ☐ Addition
NAME	BERRIOS, VICTOR	، نسب	-30.0	4.2 NAME		Constitution Car Administra
STREET ADDRESS	16711 N.W. 72 COURT			4.3 STREET	LODBESS	
CITY-ST-ZIP	HIALEAH FL 33015		1	4.4 CITY-ST	ľ	
TITLE				5.1 TITLE	- 211	☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS						C Olaride C Madition
				5.3 STREET	ADDRESS	Li Olidiğe Li Adultoli
CITY-ST-ZIP				5.3 STREET /		
				5.3 STREET A 5.4 CITY-ST 6.1 TITLE		Change Addition
CITY-ST-ZIP			DELETÉ	5.4 CITY-ST		
CITY-ST-ZIP TITLE	· · · · · ·		DÉLETÉ	5.4 CITY-ST 6.1 TITLE	- 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.

CICALATURE. VIII TO ALLA TO AL

CR2E037 (10/97