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Mar 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761620** (4)
1. Corporation Name
GREEK-AMERICAN COMMUNITY ASSOCIATION, INC.



Principal Place of Business 2525 SOUTH 25TH STREET FT. PIERCE FL 34981	Mailing Address 2525 SOUTH 25TH STREET FT. PIERCE FL 34981
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3. Date Incorporated or Qualified 01/27/1982
4. FEI Number 59-2951413
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KINDEL, JOYCE E. 953 OLD DIXIE HIGHWAY B-6 VERO BEACH FL 32960
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City 85 Zip Code
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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 I accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE *Stephen L. Gatsos, Treas.* DATE *MAR. 9, 1998* ← ERROR

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BLEKAS, GEORGE
STREET ADDRESS	248 NW BENTLEY CIRCLE
CITY-ST-ZIP	PORT ST. LUCIE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GRIVAS, MICKEAL
STREET ADDRESS	1985 42ND AVE
CITY-ST-ZIP	VERO BCH FL 32963
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	REXFORD, MIKEL
STREET ADDRESS	1245 35TH AVENUE
CITY-ST-ZIP	VERO BEACH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	TIMON, PETER
STREET ADDRESS	7380 S. HIGHWAY A1A
CITY-ST-ZIP	TINSEN BEACH FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	GATSOS, STEPHEN
STREET ADDRESS	9500 SOUTH A1A 605
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	GEORGADES, PETER
STREET ADDRESS	217 VERADA AVE
CITY-ST-ZIP	POST ST. LUCIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V.P. CAMACHO, Peter
3.3 STREET ADDRESS	13501 Okcec-hobee Rd
3.4 CITY-ST-ZIP	Port Pierce FL 34945
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Treasurer
5.3 STREET ADDRESS	Gatsos Stephen
5.4 CITY-ST-ZIP	9500 S. A1A-605
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D. George CAVOORIS
6.3 STREET ADDRESS	785 SE Whitmore DR.
6.4 CITY-ST-ZIP	Port Saint Lucie FL 34984

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: *Stephen L. Gatsos, Treasurer* DATE: *3/6/98* **561-239-2660**

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