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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762577 (5)
1. Corporation Name
PAN AMNAT'L RETIREES CLUB OF NORTH CENTRAL FLORIDA, INC.



Principal Place of Business: 225 S. STARLIT PT INVERNESS FL 34450 US
Mailing Address: 225 STARLIT PT INVERNESS FL 34450 US

3. Date incorporated or Qualified: 03/24/1982
4. FEI Number: 59-2175372
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

2. Principal Place of Business
2a. Mailing Address
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country
25 Country
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country
30 Country

9. Name and Address of Current Registered Agent
ROBERTS, ROBERT A
225 S. STARLIT PT
IVERNESS FL 34450

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

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: *Robert A. Roberts* (NOTE: Registered Agent signature required when reinstating) DATE: 4/5/1998

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	ROBERTS, ROBERT A	
STREET ADDRESS	225 S. STARLIT PT	
CITY-ST-ZIP	IVERNESS FL	
TITLE	T	<input type="checkbox"/>
NAME	BEYER, GEORGE	
STREET ADDRESS	208 HARPERS FERRY DR	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	S	<input type="checkbox"/>
NAME	MARQUIS, WILLARD R	
STREET ADDRESS	RT. 3, BOX 5091	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/>
NAME	KILER, JAMES	
STREET ADDRESS	33741 LAKE SHORE DR	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	<input type="checkbox"/>
NAME	DYMEK, JOHN A	
STREET ADDRESS	5109 S.E. 7TH PL	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	BOWEN, DAVID L	
STREET ADDRESS	6935 DEER SPRINGS RD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	ROBERTS, ROBERT A.		
1.3 STREET ADDRESS	225 S. STARLIT PT.		
1.4 CITY-ST-ZIP	IVERNESS, FL 34450-1808		
2.1 TITLE	TREASURER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	BEYER, GEORGE		
2.3 STREET ADDRESS	208 HARPERS FERRY DR.		
2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32119-8960		
3.1 TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	MARQUIS, WILLARD R.		
3.3 STREET ADDRESS	431 MAPLE TREE DR. - APT FF109		
3.4 CITY-ST-ZIP	ALTOONA, FL 32702-9025		
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	LEE, JAMES		
4.3 STREET ADDRESS	33741 LAKE SHORE DR.		
4.4 CITY-ST-ZIP	TAVARES, FL 32778-5078		
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	DYMEK, JOHN A.		
5.3 STREET ADDRESS	5109 S.E. 7TH PL.		
5.4 CITY-ST-ZIP	OCALA, FL. 34471-3368		
6.1 TITLE	VICE PRESIDENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	JOHN FERNANDEZ, JOHN A.		
6.3 STREET ADDRESS	6300 HIDDEN DALE AVE.		
6.4 CITY-ST-ZIP	ORLANDO, FL, 32819-4114		

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: *Robert A. Roberts (Pres.)* 4/5/98 (352) 776-8352

CR2E037 (10/97)