

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90102 024 \*\*\*\*61.25

**DOCUMENT # 762577**

1. Corporation Name

**PAN AM/NAT'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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/24/1982

4. FEI Number

59-2175372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**ROBERTS, ROBERT A**  
225 S. STARLIT PT  
INVERNESS 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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **ROBERTS, ROBERT A**  
CITY-ST-ZIP **225 S. STARLIT PT**  
**INVERNESS FL 34450-1808**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **BEYER, GEORGE**  
CITY-ST-ZIP **208 HARPERS FERRY DR**  
**DAYTONA BEACH FL 32119-8960**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **MARGUIS, WILLARD R**  
CITY-ST-ZIP **431 MAPLE TREE DR., APT. FF109**  
**ALTOONA FL 32702-9025**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **LEE, JAMES**  
CITY-ST-ZIP **33741 LAKE SHORE DR**  
**TAVARES FL 32778-5078**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **DYMEK, JOHN A**  
CITY-ST-ZIP **5109 S.E. 7TH PL**  
**OCALA FL 34471-3368**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **FERNANDEZ, JOHN A**  
CITY-ST-ZIP **6300 HIDDEN DALE AVE**  
**ORLANDO FL 32819-4114**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **MARQUIS, WILLARD R**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

*Robert A. Roberts* **Robert A. Roberts (P)** April 7, 1999 (352) 776-8352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0069940

CR2E037 (11/98)