

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **763680** (6)

1. Corporation Name

**PELOPONNISOS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

~~3200 NE 37TH DRIVE~~  
~~FT. LAUDERDALE FL 33308~~  
US

~~3140 NE 8TH STREET~~  
~~FT. LAUDERDALE FL 33304~~

3. Date Incorporated or Qualified  
**06/15/1982**

3a. Date of Last Report  
**06/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 **414 S. 57TH WAY**

26 **414 S. 57TH WAY**

4. FEI Number  
**NOT APPLICABLE**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **HOLLYWOOD**

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **FL. 33023**

28 **HOLLYWOOD FL.**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33023**

25

29 **33023**

30 **BROWARD**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANASTASIOU, VAN E.**  
**7 S.E. 13TH STREET**  
**FT. LAUDERDALE FL 33316**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TRES	<input checked="" type="checkbox"/> DELETE
NAME	SRINGOS, GEORGE D	
STREET ADDRESS	2200 NE 37TH DR.	
CITY-ST-ZIP	FT LAUD FL	
TITLE	ASST	<input checked="" type="checkbox"/> DELETE
NAME	BAROGIANNIS, LAKIS D	
STREET ADDRESS	414 SO 57 WAY	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	ASSS	<input checked="" type="checkbox"/> DELETE
NAME	RIGOPOULOS	
STREET ADDRESS	4441 N 41ST STREET COURT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KAKOYANNIS, ANTONIS	
STREET ADDRESS	1701 MIDDLE RIVER DR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PRESIDENT</b>
2.3 STREET ADDRESS	<b>M. BAROGIANNIS</b>
2.4 CITY-ST-ZIP	<b>414 SO. 57 TH WAY</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VICE PRESIDENT</b>
3.3 STREET ADDRESS	<b>C. RIGOPOULOS</b>
3.4 CITY-ST-ZIP	<b>360 S.W. 16 STREET</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>LAMBIRIS IOANNA</b>
4.3 STREET ADDRESS	<b>2401 N.E 17 TERRACE</b>
4.4 CITY-ST-ZIP	<b>WILTON MANORS FL 33305</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>900001910189</b>
6.3 STREET ADDRESS	<b>-08/01/96--01009--039</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Barogiannis*

**MICHAEL BAROGIANNIS**

**305-989-5426**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)