NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 763680

1. Corporation Name

PELOPONNISOS ASSOCIATION, INC.

Principal Place of Busine
414 S. 57TH WAY HOLLYWOOD FL 33023
119

Mailing Address

2a. Mailing Address

414 S. 57TH WAY HOLLYWOOD FL 33023

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90022 015 ****61.25

3. Date Incorporated or Qualifed

	al Place of Business 2a. Mailing Address			3. Date Incorporated or Qualifed 06/15/1982					
21		Suite, Apt. #, etc.			4. FEI Number		IAn	plied For	
Suite, Apt.	#, etc.				NOT APPL	ICARLE .		t Applicable	
22		27			HOTAIL	TOTIOLL	\$8.75		
City & Stat	9	City & State	. •		5. Certifcate of S	tatus Desired	Fee Re		
Zip	Country	Zip	Country		6. Election Camp		\$5.00 Added t	, ,	
24			30		Trust Fund Co			U Fees	
_	9. Name and Address of Current	t Registered Agent			10. Name and Ad	idress of New Registered	wasur		
			81	Name				ĺ	
Anastasiou, van e. 7 s.e. 13th street			82	82 Street Address (P.O. Box Number is Not Acceptable)					
				OHOU MUIOU (I.O. DON HUMBON IN HOUSE MOODINGS)					
			83				•	· []	
FI. LAUDI	ERDALE FL 33316								
	•		84	City		FL	85 Zip (Code	
	<u> </u>			<u> </u>					
office or r agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State of the familiar with, and accept the obligat	of Florida. Such change was all	inorizea by	the corpora	orporation submits this s ation's board of director	s. I hereby accept the appoi	ntment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Ager	nt signature requ	uired when reinstating)	DATE			
12.	OFFICERS AN		13.			ANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	
TITLE	PD	DELETE	1.1 TITLE				Change	Addition	
	1 1		1.2 NAME	1					
NAME	BAROGIANNIS, M.								
STREET ADDRESS			1.3 STREE	TADDRESS				· /	
CITY-ST-ZIP	HOLLYWOOD FL 33023		1.4 CITY-S	T-ZIP		<u> </u>		7.465	
TITLE	VPD	☐ DELETE	2.1 TITLE				☐ Change	Addition	
NAME	RIGOPOULOS, C		2.2 NAME		<u> </u>				
STREET ADDRESS	AND AND AN ATTOCKET	•	2.3 STREE	TADDRESS			,		
	BOCA RATON FL 33432	•	2, 4 CITY-5	ST-ZIP					
CITY-ST-ZIP TITLE	D	[] DELETE	3.1 TITLE	· · ·		· · ·	Change	☐ Addition	
	-		3.2 NAME		•		7		
NAME	LAMBIRIS, JOANNA								
STREET ADDRESS	2401 N.E. 17 TERRACE		3.3 STREE	TADORESS	•				
CITY-ST-ZIP	WILTON MANORS FL 33305		3.4. CITY-5	ST-ZIP				The delays	
∙uĭrE		☐ DELETE	4.1 TITLE				Change	Addition	
' NAME	\	* * * * * * * * * * * * * * * * * * * *	4, 2 NAME	, }	- 12	A CONTRACTOR	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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CITY-ST-ZIP			4.4 CITY-S		i interes juligion i	aren eterm utema zwile Dat billije megs	memi binge pilul '	· 484.3 [# vs	
TITLE		□ DELETE	5.1 TITLE				☐ Change	☐ Addition	
		<u> </u>	5.2 NAME	+	•				
NAME				TADDRESS		•			
STREET ADDRESS				i					
CITY-ST-ZIP			5.4 CITY-S	11-2/12			Change	☐ Addition	
TITLE	·	☐ DELETE	6.1 TITLE	}			☐ cuanta		
NAME	,		6.2 NAME						
STREET ADDRESS			6.3 STREE	TADDRESS		·		,	

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: