

**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 # **768835** (1)

1. Corporation Name  
**POINSETTIA PARK SOCIAL CLUB, INC.**



Principal Place of Business  
**4701 BALLARD RD LOT 53  
FORT MYERS FL 33905**

Mailing Address  
**4701 BALLARD RD LOT 53  
FORT MYERS FL 33905**

3. Date Incorporated or Qualified **06/09/1983**      3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
21 **GERBER ELEANOR**      2a. Mailing Address  
26 **GERBER ELEANOR**

4. FEI Number **59-2432737**       Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 **151 SIESTA LN**      27 **151 SIESTA LN.**

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

City & State  
23 **FORT MYERS**      28 **FORT MYERS**

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

Zip      Country      Zip      Country  
24 **33905**      25 **USA.**      29 **33905**      30 **USA.**

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**

**KOVONUK, ADELE  
24 POINSETTIA DR  
FT MYERS FL 33905**

81 Name **GERBER ELEANOR**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**151 SIESTA LN.**  
83 **FORT MYERS**  
84 City **FL.**      85 Zip Code **33905**

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 *Eleanor Gerber*      DATE **April 11<sup>th</sup>, 1996**  
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	HODGSON, LEE	
STREET ADDRESS	253 N POINSETTIA DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PIZZUTO, JOHN	
STREET ADDRESS	219 N POINSETTIA DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFIN, DOROTHY	
STREET ADDRESS	199 DOMINGO DR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KOVONUK, ADELE	
STREET ADDRESS	24 POINSETTIA DR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEAHM, DOROTHY	
STREET ADDRESS	80 E POINSETTIA DR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITAKER, DOROTHY	
STREET ADDRESS	292 EDUARDO AVE	
CITY-ST-ZIP	FT. MYERS FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SULLIVAN, IRENE	
1.3 STREET ADDRESS	267 POINSETTIA DR.	
1.4 CITY-ST-ZIP	FT. MYERS, FL. 33905	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PIZZUTO, JOHN	
2.3 STREET ADDRESS	219 POINSETTIA DR.	
2.4 CITY-ST-ZIP	FT. MYERS, FL. 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GABISCH, MARY	
3.3 STREET ADDRESS	150 SIESTA LN.	
3.4 CITY-ST-ZIP	FT. MYERS, FL. 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GERBER, ELENOR	
4.3 STREET ADDRESS	151 SIESTA LN.	
4.4 CITY-ST-ZIP	FT. MYERS, FL. 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BEYAK, MARY	
5.3 STREET ADDRESS	41 POINSETTIA DR.	
5.4 CITY-ST-ZIP	FT. MYERS, FL. 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BUONOPANE, PHYLLIS	
6.3 STREET ADDRESS	202 DOMINGO DR.	
6.4 CITY-ST-ZIP	FT. MYERS, FL. 33905	

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: *Eleanor Gerber*      DATE: **4/11/96**      DAYTIME PHONE: **941-694-8642**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      DAYTIME PHONE

CR2E037 (12/95)