



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90014 022 ****61.25

DOCUMENT # F00000001886 1. Entity Name HELLENIC SOCIETY PAIDEIA OF SOUTH FLORIDA, INC.					
Principal Place of Business 5159 DEERHURST CRESCENT CIRCLE BOCA RATON, FL 33486			Mailing Address 5159 DEERHURST CRESCENT CIRCLE BOCA RATON, FL 33486		
2. Principal Place of Business Suite, Apt. #, etc. 430 NW 72nd St. City & State BOCA RATON - FL Zip 33487 Country		3. Mailing Address Suite, Apt. #, etc. 430 NW 72nd St. City & State BOCA RATON - FL Zip 33487 Country			
4. FEI Number 22-2528692				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMON, SIGALOS & SPYREDES, P.A. C/O ANASTASIOS TOM SPYREDES, ESQ. 120 E PALMETTO PARK RD STE 100 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOMAZOS, ILIAS 14 NEWELL AVE. BRISTOL, CT 06010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAKES, CHRITOS 12 FRIENDLY ROAD NORWALK, CT 06851	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAPADIMITRAKOPOULOS, FOTIS 261 WOODLAND ROAD COVENTRY, CT 06238	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAHNAS, JOHN 26 JAMES LANE MARBOROUGH, CT 06447	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMAAOS, CONSTANTINOS 62 HALEY CRES. GROTON, CT 06340	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDROU, IRENE 5159 DEERHURST CRESENT CIRCLE BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ALEXANDROU, IRENE 430 NW 72nd St. BOCA RATON - FL - 33487	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Alexandrou, Irene Alexandrou</u> (561) 994-9615 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					