CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:18

DOCUMENT # N01506 (7)

1. Corporation Name

NEW ENGLAND CLUB, INCORPORATED

Principal Place of Business	Mailing Address
610 N. "E" STREET LAKE WORTH FL 33460	610 N. "E" STREET LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1984
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-2366073 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No JAN 31 95 - $ 348.75

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SORGINI, RICHARD C., ESQUIRE
2602 HOLY CROSS LANE
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	~~KRAVETZ, ELLIOTT~~	12 NAME	DAIOIAN, Korey
STREET ADDRESS	~~193 SANDPIPER DR.~~	13 STREET ADDRESS	620 No. "E" Street
CITY-ST-ZIP	~~ROYAL PALM BEACH FL~~	14 CITY-ST-ZIP	Lake Worth, Fl. 33460
TITLE	D	21 TITLE	D- ~~Pres~~ ☒ Change ☐ Addition
NAME	TUISKULA, OSMO	22 NAME	SAARI, Doris
STREET ADDRESS	2878 DONNELLY DRIVE, APT. 210	23 STREET ADDRESS	815 No. "F" St (515)
CITY-ST-ZIP	~~LANTANA FL~~	24 CITY-ST-ZIP	LAKE Worth Fl. 33460
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	WILDERS, JOHN	32 NAME	Same
STREET ADDRESS	610 N. "E" STREET	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	WILDERS, GLADYS	42 NAME	Same
STREET ADDRESS	610 N. "E" STREET	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☒ Change ☐ Addition
NAME	~~DALOIAN, KOREY~~	52 NAME	V- Mary ADAMSKI
STREET ADDRESS	~~620 N "E" STREET~~	53 STREET ADDRESS	210 No. "M" St.
CITY-ST-ZIP	~~LAKE WORTH FL~~	54 CITY-ST-ZIP	Lake Worth, Fl 33460
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	~~ROBERTSON, RAYMOND~~	62 NAME	D- ANDERSON, Clifford
STREET ADDRESS	~~403 SOUTH "K" ST~~	63 STREET ADDRESS	109 So. Atlantic Dr.
CITY-ST-ZIP	~~LAKE WORTH FL~~	64 CITY-ST-ZIP	LANTANA, Fl 33462

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: GLADYS Wilders (5) 3/23/95 407-588-6517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No JAN 95-

2. Principal Place of Business
21
Suite, Apt. #, etc.
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City & State
23
Zip 24 Country 25

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Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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SORGINI, RICHARD C., ESQUIRE
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82 Street Address (P.O. Box Number is Not Acceptable)
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84 City FL 85 Zip Code

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STREET ADDRESS	~~620 N "E" STREET~~	53 STREET ADDRESS	310 No. "M" St.
CITY-ST-ZIP	~~LAKE WORTH FL~~	54 CITY-ST-ZIP	Lake Worth, Fl 33460
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STREET ADDRESS	~~403 SOUTH "K" ST~~	63 STREET ADDRESS	105 So. Atlantic Dr.
CITY-ST-ZIP	~~LAKE WORTH FL~~	64 CITY-ST-ZIP	Lantana, Fl 33462

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)(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.

SIGNATURE: GLADYS Wilders (5) 3/23/95 407-588-6517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $130.00	ANNUAL REPORT $61.25 + $68.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is $130.00.

Block 1 Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report.

Block 2. Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2.

Block 2a. If the computer-entered mailing address in Block 1 is incorrect, enter the new mailing address in Block 2a. A Post Office Box is acceptable.

Block 3. Enter the date of incorporation or qualification with this office if Block 3 is blank.

Block 3a. Enter the file date of the last filed annual report, if applicable.

Block 4. Complete Block 4 by ... number or checking in the appropriate box. If "applied for" is preprinted in Block 4, you must now provide the FEI

MEMO 3rd. D N01506

Block 5. Should you desire a ... additional $8.75 with your filing fee.

Block 6. Florida law allows f... gns for the offices of the Governor and members of th...

LEHTI, Tamin
6086 Palm Breeze Dr.
Lantana, Fl- 33462

Block 7. If this corporation ... check the box. The corporation is not subject to th... must pay the supplemental corporation fee. P...

Block 8. Check the appropr...

Jan

Block 9. The law requires ... rect, enter the correct information in Block 10. Ther...

In the Bank of Jewish 95

Block 10. Enter name of ne... acceptable for service of process. THE CORPORAT...

Block 11. The new registe... this appointment by completing and signing in Block 11. No signature is ... corporation, the person signing must state their position with the corporation. NOTE: Registered agent signature required when reinstating on this form.

S. Fielders Sec. Jan 3/24 7.18.15

Block 12. Block 12 contains the last information on officers/directors reported to our office. Please do not make any marks in block 12, corrections or additions are to be made in block 13. If there is no change in the information, nothing else is required.

Block 13. Block 13 is for changes or additions to the existing Officers/Directors in Block 12. Changes must be typed or printed and legible. Use the following type symbols on the title line: *P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D.* A NON-PROFIT CORPORATION MUST LIST THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. THE LETTER "D" or "T" MUST BE PLACED BY THE NAME OF EACH DIRECTOR. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(k), Florida Statutes, an alternate address must be provided. Officers/Directors must list street addresses. If there is no street address, enter the mailing address and "N/A".

Block 14. This report must be signed in Block 14 with an original signature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.