

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

DOCUMENT # **NO 9544**

1. Corporation Name

**GOLD COAST POOL LEAGUE, INC.**

**FILED**

98 OCT 29 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** *98*

Principal Place of Business Mailing Address  
**DARLENE KISTLER** **5109 NE 5<sup>th</sup> AVE.**  
**FT. LAUDERDALE**  
**FL. 33334**

3. Date Incorporated or Qualified  
**5/31/85**

4. FEI Number **59-2623573** 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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business	2a. Mailing Address
24 <b>240 DARLENE KISTLER</b> Suite, Apt. #, etc.	26 <b>260 DARLENE KISTLER</b> Suite, Apt. #, etc.
22 <b>5109 NE 5<sup>th</sup> AVE</b> City & State	27 <b>5109 NE 5<sup>th</sup> AVE</b> City & State
23 <b>FT. LAUDERDALE, FL</b> Zip Country	28 <b>FT. LAUDERDALE, FL</b> Zip Country
24 <b>33334</b> 25 <b>US</b>	29 <b>33334</b> 30 <b>US</b>

9. Name and Address of Current Registered Agent  
**ELIZABETH BECKER**  
**4350 W. SUNRISE BLVD SUITE 122**  
**PLANTATION, FL. 33313**

10. Name and Address of New Registered Agent

81 Name	<b>DARLENE KISTLER</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>5109 NE. 5<sup>th</sup> AVE</b>
83 City	<b>FT LAUDERDALE</b>
84 City	<b>FT. LAUDERDALE FL</b>
85 Zip Code	<b>33334</b>

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 **DARLENE KISTLER, PRES.** *Darlene Kistler, Pres* **10-28-98**  
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	<b>PRESIDENT / DIRECTOR</b> <input type="checkbox"/> DELETE
NAME	<b>DARLENE KISTLER</b>
STREET ADDRESS	<b>5109 NE 5<sup>th</sup> AVE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334</b>
TITLE	<b>TREASURER / DIRECTOR</b> <input type="checkbox"/> DELETE
NAME	<b>CAROL BURBANK</b>
STREET ADDRESS	<b>100 SW 6<sup>th</sup> ST.</b>
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33301</b>
TITLE	<b>NEERA DAWSON</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>NEERA DAWSON</b>
STREET ADDRESS	<b>1609 SW 13<sup>th</sup> CT</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<b>VICA PRES / DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ELIZABETH BROWN</b>
1.3 STREET ADDRESS	<b>4350 W SUNRISE BLVD SUITE 122</b>
1.4 CITY-ST-ZIP	<b>PLANTATION, FL 33313</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>700002675787--5</b>
4.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
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.

SIGNATURE: **DARLENE KISTLER, PRES** *Darlene Kistler, Pres* **10-28-98** **954-776-5578**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)



ACCOUNT NO. : 072100000032  
 REFERENCE : 013668 7168198  
 AUTHORIZATION : *Patricia Pizub*  
 COST LIMIT : \$ ~~625~~ 236.25

ORDER DATE : October 29, 1998  
 ORDER TIME : 10:59 AM  
 ORDER NO. : 013668-005  
 CUSTOMER NO: 7168198  
 CUSTOMER: Ms. Darlene Kistler  
 Ms. Darlene L. Kistler  
 5109 Northeast Fifth Avenue  
 Fort Lauderdale, FL 33334

RECEIVED  
 98 OCT 29 PM 12:21  
 DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: GOLD COAST POOL LEAGUE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: \_\_\_\_\_