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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N11081** (9)

1. Corporation Name

DUNNELLO SERTOMA CLUB, INCORPORATED

Principal Place of Business

Mailing Address

**4326 S.W. 150 CT
DUNNELLO FL 34481**

**PO BOX 2067
DUNNELLO FL 34430**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

**PAGNANO, JON
11868 N WILLIAMS ST
DUNNELLO FL 34432**

3. Date Incorporated or Qualified

09/13/1985

4. FEI Number

59-2666894

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 **D** ☐ DELETE
NAME **PRIVETT, EARL**
STREET ADDRESS **11080 SW 186TH CIRCLE**
CITY-ST-ZIP **DUNNELLO FL**

TITLE **D** ☐ DELETE
NAME **ROBERTS, MALLIE**
STREET ADDRESS **2236 W DUNNELLO RD**
CITY-ST-ZIP **DUNNELLO FL**

TITLE **D** ☐ DELETE
NAME **RACZ, DANIEL**
STREET ADDRESS **1945 S.W. ALGERSS CT**
CITY-ST-ZIP **DUNNELLO FL**

TITLE **T** ☐ DELETE
NAME **PAGNANO, JON**
STREET ADDRESS **11868 N. WILLIAMS ST**
CITY-ST-ZIP **DUNNELLO FL**

TITLE **D** ☐ DELETE
NAME **MARTIN, LOU**
STREET ADDRESS **221 WITHLACOCHEE RD TRAIL**
CITY-ST-ZIP **DUNNELLO FL**

TITLE **D** ☐ DELETE
NAME **CINHART, LEN**
STREET ADDRESS **4326 S.W. 150 CT**
CITY-ST-ZIP **DUNNELLO FL 34481**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

PAGNANO, JON 4-28-98 487-3768

CR2E037 (10/97)