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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14500** (5)

1. Corporation Name

ROTARY CLUB OF BOCA RATON SUNRISE, INC.

Principal Place of Business

Mailing Address

C/O WILLIAM SCHNABEL
901 MCCLEARY ST.
DELRAY BEACH FL 33483

C/O WILLIAM SCHNABEL
901 MCCLEARY ST.
DELRAY BEACH FL 33483

3. Date Incorporated or Qualified

04/22/1986

4. FEI Number

59-2668776

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNABEL, WILLIAM W.
901 MCCLEARY STREET
DELRAY BEACH FL 33483

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 ☐ DELETE

TITLE ☒ X
NAME **GRANT, DIANTHA**
STREET ADDRESS **5188 TENNIS COURT**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☒ X
NAME **BRASOR, JEFFREY C**
STREET ADDRESS **7365 N.W. 68TH WAY**
CITY-ST-ZIP **PARKLAND FL**

TITLE ☐ D
NAME **HIRSCH, KEN**
STREET ADDRESS **7078 SAN SALVADOR**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ B
NAME **STAUB, ADAM B.**
STREET ADDRESS **6037 OLD COURT ROAD SUITE 902**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ P
NAME **STES, PETER P**
STREET ADDRESS **1 N.E. 10TH ST**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ TD
NAME **SCHNABEL, BILL**
STREET ADDRESS **901 MCCLEARY STREET**
CITY-ST-ZIP **DELRAY BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE ☒ VP
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ D
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 ☒ DIRECTOR
4.2 NAME **SAUDY BURKART**
4.3 STREET ADDRESS **2841 BANYAN BLVD CIRCLE**
4.4 CITY-ST-ZIP **BOCA RATON, FL 33431**

5.1 TITLE ☒ DIRECTOR/PRESIDENT
5.2 NAME **JOHN KAMMERER**
5.3 STREET ADDRESS **21395 SWEETWATER LANE**
5.4 CITY-ST-ZIP **BOCA RATON, FL 33428**

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:  **WILLIAM W. SCHNABEL** 4/20/98 561-278-4472

CR2E037 (10/97)