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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT #

(4)

PIER CLUB COM	NDOMINIUM ASSOC	HATION, INC.					ian dirikalik a		
Principal Place of Business Malling Address							(B)) Bibli Bibli Di		
1890 SOUTH CONGRESS AVE. 1690 SOUTH CONGRESS AVE.			AVĒ.		3 Date Incorpor	rated or Qualified			
SUITE 200 SUITE 200					03/16/1				
DELRAY BEACH FL 33445		DELRAY BEACH FL 3344	5		4. FEI Number	IAO!		TAN	plied For
		V			59-284	5563			t Applicable
2. Principal Place of Business		28. Mailing Address			5. Certificate of			8.75 / Fee Re	Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Cam	peign Financing		5.00 k	
22		27			Trust Fund Co			Added to	
City & State		City & State			fit corporation a ho				
23		28]Yes □ N		•
Zip	Country	Zip	Country		8. This corporati	ion owes or has pa	id the current	t year Inte	angible
	25	29	30		Personal Prop	erty Tax due June	30. 🔲 Y	res 🗀	No
9. Name	and Address of Current F	Registered Agent			10. Name and A	ddress of New Re	gistered Age	nt	
			81	Name Pf v	inski, Josep	h			
-TOLCES, STEPHEN			82	Street Ad	dress (P.O. Box Numb	er is Not Acceptab	ole)		······································
1690 SOUTH CONG	ARESS AVE								
SUITE 200			83						
DELRAY BEACH FL	33445		84	City			8	8 Zip C	Code
11. Pursuant to the provise	one of Sections 617,0502 (and 617 1508 Florida Statu	ter the shove	namad co	enceation submite this	chatamant for the n	FL	- anima ita	
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office or registered age	ent, or both, in the State of	Florida, Such change was	authorized by	the corpor	ation's board of directo	ors. I hereby accep	t the appoint	ment as	s registered registered
11. Pursuant to the provisit office or registered against a m familiar with a second control of the control of	ent, or both, in the State of h, and accept the obligation								registered
SIGNATURE /C	724AL T-						4/10/9		registered
SIGNATURE /C	ent, or both, in the Stafe of the and accept the objection or printed name of received agent a OFFICERS AND I	and the if applicable. (NO			nski. Vice P	resident	4/10/9 DATE	8	
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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:

4/10/98

FILED

Apr 29 1998 8:00am

Secretary of State