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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28408

1. Corporation Name

PIER CLUB II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1690 SOUTH CONGRESS AVE.
SUITE 200
DELRAY BEACH FL 33445

Mailing Address

1690 SOUTH CONGRESS AVE.
SUITE 200
DELRAY BEACH FL 33445



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/19/1988

4. FEI Number

65-0096753

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

9. Name and Address of Current Registered Agent

~~TOLGES, STEPHEN B.~~
1690 SOUTH CONGRESS AVENUE
DELRAY BEACH, FL 33445

10. Name and Address of New Registered Agent

81 Name

Pivinski, J

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

J. Pivinski, Vice President

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 PD ☐ DELETE
NAME LEVY, MARK A.
STREET ADDRESS 1690 SOUTH CONGRESS AVE
CITY-ST-ZIP DELRAY BEACH FL

TITLE VD ☒ DELETE
NAME TOLGES, STEPHEN B.
STREET ADDRESS 1690 SOUTH CONGRESS AVE
CITY-ST-ZIP DELRAY BEACH FL

TITLE VD ☒ DELETE
NAME ROGEL, ARLINE
STREET ADDRESS 1690 SOUTH CONGRESS AVE
CITY-ST-ZIP DELRAY BEACH FL

TITLE STD ☒ DELETE
NAME NUNEZ, A
STREET ADDRESS 1690 S CONGRESS AVE
CITY-ST-ZIP DELRAY BCH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/T/D ☐ Change ☒ Addition
1.2 NAME Levy, Richard D.
1.3 STREET ADDRESS 1690 S Congress Avenue, Suite 200
1.4 CITY-ST-ZIP Delray Beach, FL 33445

2.1 TITLE V/P/D ☐ Change ☒ Addition
2.2 NAME Levy, Harry A
2.3 STREET ADDRESS 1690 S. Congress Avenue, Suite 200
2.4 CITY-ST-ZIP Delray Beach, FL 33445

3.1 TITLE V/AS ☐ Change ☒ Addition
3.2 NAME Pivinski, J
3.3 STREET ADDRESS 1690 S Congress Avenue, Suite 200
3.4 CITY-ST-ZIP Delray Beach, FL 33445

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Pivinski

3/15/99

(561) 274-2000

SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0045138