


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N34218 (0)

1. Corporation Name
ASOCIACION DE DAMAS PUERTORRIQUENAS INC.
P.O. Box 77-0504
Coral Springs, Florida 33077

Principal Place of Business C/O NANCY OSBORNE P.O. BOX 77-0504 CORAL SPRINGS FL 33077	Mailing Address C/O NANCY OSBORNE P.O. BOX 77-0504 CORAL SPRINGS FL 33077
---	---



2. Principal Place of Business 21 delete c/o Nancy Osborne Suite, Apt. #, etc. 22 P.O. Box 77-0504 City & State 23 Coral Springs, Florida Zip 24 33077 Country 25 USA	2a. Mailing Address 26 delete c/o Nancy Osborne Suite, Apt. #, etc. 27 P.O. Box 77-0504 City & State 28 Coral Springs, FL Zip 29 33077 Country 30 USA
--	--

3. Date Incorporated or Qualified 09/15/1989	4. FEI Number 65-0148000	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
TOROKER, RUTH
5921 NW 99TH AVE
PARKLAND FL 33078

10. Name and Address of New Registered Agent
81 Name **Annie Zegeer**
82 Street Address (P.O. Box Number is Not Acceptable)
7207 N.W. 43rd St
83
84 City **Coral Springs** FL 85 Zip Code **33065**

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 *Annie Zegeer* **Annie L. Zegeer** DATE **4/27/98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TOROKER, RUTH
STREET ADDRESS	5921 NW 99 AVE
CITY-ST-ZIP	PARKLAND FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, GIANNA
STREET ADDRESS	11682 NW 13TH MANOR
CITY-ST-ZIP	CORAL SPGS FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	ZEGER, ANNIE
STREET ADDRESS	7207 NW 43RD ST
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	GREENWOOD, LOURDES
STREET ADDRESS	3900 NW 116TH ST
CITY-ST-ZIP	SUNRISE FL
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P Lourdes R. Greenwood
1.3 STREET ADDRESS	3800 N.W. 116 Terrace
1.4 CITY-ST-ZIP	SUNRISE, Florida 33323
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RODRIGUEZ, GIANNA
2.3 STREET ADDRESS	11682 N.W. 13th MANOR
2.4 CITY-ST-ZIP	CORAL Springs, Florida 33071
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Zegeer, Annie
3.3 STREET ADDRESS	7207 NW 43rd St.
3.4 CITY-ST-ZIP	CORAL Springs, FL. 33065
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Brunilda Gasabianca
4.3 STREET ADDRESS	2947 N. Carambola Circle
4.4 CITY-ST-ZIP	Coconut Creek, Florida 33066
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Miggie Prieto
5.3 STREET ADDRESS	21546 Little Bear Lane
5.4 CITY-ST-ZIP	Boca Raton, FL 33428
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100002547011
6.3 STREET ADDRESS	-06/04/98--01010--013
6.4 CITY-ST-ZIP	***70.00

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: *Lourdes R. Greenwood* **Lourdes R. Greenwood** DATE **4/27/98** **1000-749-1430**

CR2E037 (10/97)