

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90007 040 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N36447

1. Corporation Name

LAKE WORTH COLUMBIAN ASSOCIATION, INC.

Principal Place of Business

DESOTO, NICHOLAS
07-D ATRIUM CIRCLE
ATLANTIS FL 33462
US

Mailing Address

P.O. BOX 1423
LAKE WORTH FL 33460
US



2. Principal Place of Business

21 **FRITZ JERRY**

Suite, Apt. #, etc.

22 **2269 2nd AVE North**

City & State

23 **LAKE WORTH FL**

Zip Country

24 **33460** 25 **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/02/1990

4. FEI Number

59-2076032

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

DESOTO, NICHOLAS T.
07-D ATRIUM CIRCLE
ATLANTIS FL 33462

10. Name and Address of New Registered Agent

81 Name

JERRY KRITZ

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

2269 2nd AVE NORTH

83

84

LAKE WORTH

FL

85 Zip Code

33460

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

9-8-99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **FRITZ, JERRY**
STREET ADDRESS **%SUNCO LANDSCAPE, 2269 2ND AVE. NORTH**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **SVD** ☒ DELETE
NAME **DESOTO, NICHOLAS T.**
STREET ADDRESS **07-D ATRIUM CIRCLE**
CITY-ST-ZIP **ATLANTIS FL**

TITLE **VD** ☐ DELETE
NAME **GURKLIS, CHARLES**
STREET ADDRESS **714 SNOWDON TERR.**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE **SVD** ☐ Change ☒ Addition
2.2 NAME **MICHAEL J DURECKI**
2.3 STREET ADDRESS **7645 WOODLAND CREEK LN**
2.4 CITY-ST-ZIP **LAKE WORTH FL 33467**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-99
Date

561-642-3285
Daytime Phone #

CR2E037 (5/99)