

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90033 039 ****61.25

DOCUMENT # N38612

1. Entity Name

**HELLENIC AMERICAN SOCIAL CLUB OF SOUTHWEST
FLORIDA, INC.**



Principal Place of Business

**14200 ROYAL HARBOUR CT
UNIT #502
FORT MYERS FL 33908**

Mailing Address

**14200 ROYAL HARBOUR CT
UNIT #502
FORT MYERS FL 33908**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**AVTGES, JAMES P
14200 ROYAL HARBOUR CT
#5
FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

65-0192047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	AVTGES, KITTY <input type="checkbox"/> Delete
STREET ADDRESS	14200 ROYAL HARBOUR CT #502
CITY-ST-ZIP	FORT MYERS FL 33908
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	KOUKOS, NICHOLAS
CITY-ST-ZIP	5217 SW 19TH AVE CAPE CORAL FL 33914
TITLE NAME	VP <input checked="" type="checkbox"/> Delete
STREET ADDRESS	CONSTAN, ANGELO
CITY-ST-ZIP	1433 SW 23RD TERRACE CAPE CORAL FL 33914
TITLE NAME	SCHUNEMANN, MEL <input type="checkbox"/> Delete
STREET ADDRESS	660 BRIGANTINE
CITY-ST-ZIP	N FORT MYERS FL 33917
TITLE NAME	AVTGES, JAMES <input type="checkbox"/> Delete
STREET ADDRESS	14200 ROYAL HARBOUR CT. #502
CITY-ST-ZIP	FORT MYERS FL 33908
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	COUKOS, CALIOPE
CITY-ST-ZIP	1354 MEDINAH DR FORT MYERS FL 33919

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Same
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Helen Lucak
CITY-ST-ZIP	14200 Royal Harbour Ct #402 Fort Myers FL 33908
TITLE NAME	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James P. Avtges* **James P. Avtges(T)** **3/4/04** **239-437-3028**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #