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Apr 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39281 (3)

1. Corporation Name

WIDETRACKS FOR A BARRIER FREE COMMUNITY, INC.

Principal Place of Business

**27-A CROSSINGS CIRCLE
BOYNTON BEACH FL 33435**

Mailing Address

**815 SOUTH 9TH ST.
LANTANA FL 33462-4415
US**



3. Date Incorporated or Qualified **06/29/1990** 3a. Date of Last Report **04/18/1996**

2. Principal Place of Business

21 22 VIA DEL CORSO

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 PALM BEACH GARDENS FL

City & State

28

Zip

24 33418

Country

25 US

Zip

29

Country

30

4. FEI Number

65-0209731

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**RUSSO, JEROME
3551 23RD AVENUE SOUTH #6
LAKE WORTH FL**

10. Name and Address of New Registered Agent

81 Name

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

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 ☐ DELETE
NAME **DP**
STREET ADDRESS **CHARNECO, EMID**
CITY - ST - ZIP **27-A CROSSINGS CIRCLE
BOYNTON BEACH FL 33435**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **COLE, BRENDA**
CITY - ST - ZIP **1830 JUNO ISLES BLVD.
NORTH PALM BEACH FL 33408-2421**

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **TARA MCDANIEL**
CITY - ST - ZIP **7365 ST ANDREWS ROAD
LAKE WORTH FL**

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **TABAKA, TOM**
CITY - ST - ZIP **815 SOUTH 9TH ST.
LANTANA FL 33462**

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 **DP**
1.3 STREET ADDRESS **ENID CHARNECO**
1.4 CITY - ST - ZIP **22 VIA DEL CORSO
PALM BEACH GARDENS FL 33418**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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 do 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: **DT** **Tabaka, Tom** **REQUITED** **April 9, 1997** **561-582-5899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0043696**

CR2E037 (9/96)