

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N39829 (9)**

1. Corporation Name

**VILLAGES OF HOMESTEAD OPTIMIST CLUB, INC.**



Principal Place of Business

Mailing Address

**C/O PAT MASON  
11983 SW 268TH TERR  
NARANJA FL 33032  
US**

**% PAT MASON  
11983 S.W. 268TH TERRACE  
NARANJA FL 33032**

3. Date Incorporated or Qualified  
**08/31/1990**

3a. Date of Last Report  
**03/09/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0213056**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



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

24 Zip

Country

29 Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASON, PAT  
11983 S.W. 268TH TERRACE  
NARANJA FL 33032**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **MASON, PAT**  
STREET ADDRESS **11983 S.W. 268TH TERRACE**  
CITY-ST-ZIP **NARANJA FL**

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

TITLE **DS** ☐ DELETE  
NAME **MASON, DANNY**  
STREET ADDRESS **11983 SW 268TH TERR.**  
CITY-ST-ZIP **NARANJA FL**

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

TITLE **DV** ☒ DELETE  
NAME **BERRY, JAN**  
STREET ADDRESS **16720 S.W. 276 ST.**  
CITY-ST-ZIP **HOMESTEAD FL**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **ROBIN Clifford**  
3.3 STREET ADDRESS **31824 SW 187th PL**  
3.4 CITY-ST-ZIP **Homestead FL 33030**

TITLE **DT** ☐ DELETE  
NAME **LYONS, JANE**  
STREET ADDRESS **18305 SW 292ND ST.**  
CITY-ST-ZIP **HOMESTEAD FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SCHACK, HAL**  
STREET ADDRESS **1211 L INDEPENDENCE DR.**  
CITY-ST-ZIP **HOMESTEAD FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **PENN, VIC**  
STREET ADDRESS **7713 SW 128TH PL.**  
CITY-ST-ZIP **MIAMI FL**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Danny Mason DS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)