

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

4. FEI Number

**65-0213056**

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MASON, PAT	
STREET ADDRESS	11983 S.W. 268TH TERRACE	
CITY-ST-ZIP	NARANJA FL	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	MASON, DANNY	
STREET ADDRESS	11983 SW 268TH TERR.	
CITY-ST-ZIP	NARANJA FL	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	ROBIN CLIFFORD	
STREET ADDRESS	31824 SW 187 PL	
CITY-ST-ZIP	HOMESTEAD FL	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	LYONS, JANE	
STREET ADDRESS	18305 SW 292ND ST.	
CITY-ST-ZIP	HOMESTEAD FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHACK, HAL	
STREET ADDRESS	1211 L INDEPENDENCE DR.	
CITY-ST-ZIP	HOMESTEAD FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PENN, VIC	
STREET ADDRESS	7713 SW 128TH PL.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Danny Mason* **DANNY MASON**

*1 May 98* **1 May 98**

*305-258-2755* **305-258-2755**

Daytime Phone # 0024037

CR2E037 (10/97)