

FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90172 009 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N40288

1. Corporation Name

PANAMANIAN CLUB OF TAMPA BAY, INC.

Principal Place of Business

1706 W. HANNA AVE.
TAMPA FL 33604

Mailing Address

1706 W. HANNA AVE.
TAMPA FL 33604



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

10/04/1990

4. FEI Number

59-3043735

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

LEBRON, MICHAEL W ESQ
400 E BUFFALO AVE
SUITE 101
TAMPA FL 33603

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 **P** ☐ DELETE
NAME **BORCHARD, ROBERT C**
STREET ADDRESS **2208 COLBY LA.**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **D** ☐ DELETE
NAME **FURLONG, BRENDA**
STREET ADDRESS **1706 W HANNA AVE**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **VP** ☐ DELETE
NAME **SADA, NITZA C**
STREET ADDRESS **1916 ST. ISABEL STREET**
CITY-ST-ZIP **TAMPA FL 33607-6522**

TITLE **T** ☐ DELETE
NAME **RAMIA, GLENDA J**
STREET ADDRESS **6102 WEBB RD. APT. 601**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **S** ☐ DELETE
NAME **RODGERS, GLADYS**
STREET ADDRESS **1516 COMPTON ST**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **D** ☐ DELETE
NAME **SADA, ASTEVIA B**
STREET ADDRESS **1005 E 31ST AVENUE**
CITY-ST-ZIP **TAMPA FL 33603**

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 ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)