FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



Sandra B. Mortham 📡

ANNUAL REPORT 1998		RT		Secretary of State DIVISION OF CORPORATIONS				Secretary of State			
DOCUI 1. Corporation	MENT :	# N40302	2 (4)							
		ERS LEAGUE, INC	<u>.</u>	-							
	·				·						
Principal Place	e of Business		Mailing Address) (93)(18) \$11 9191 \$2192 11(1) \$2170 11(1) \$1017 \$1017 \$	J911 91914 men.	i bibli ibei	
P O BOX 118 VENICE FL 34284			P O BOX 118 VENICE FL 34284					3. Date Incorporated or Qualified 10/08/1990	· · · · · · · · · · · · · · · · · · ·		
								4. FEI Number 65-0265711		lied For Applicable	
2. Principal Place of Business			2a. Mailing Address 26						\$8.75 Ad Fee Requ	iditional	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$5.00 Me	ay Be	
City & State			City & State					Trust Fund Contribution	Added to F		
23			28					7. Is this nonprofit corporation a homeowners at		<u> </u>	
Zip 24	2	Zip 29	Zip Country				8. This corporation owes or has paid the current Personal Property Tax due June 30.	t year Intan			
	9. Name a	nd Address of Current	Registered Agent			 		10. Name and Address of New Registered Age	int		
					1	81	Name				
PEAKE, CHARLES 440 BAYCREST DRIVE					8	B2	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	YCREST DHI FL 34285	Æ			ļ,	63			 -		
TEITIOL	i i i oteou								- 1 - A		
						B4	City	FL	35 Zip Co		
11. Pursuant	to the provisio	ns of Sections 617.0502	and 617.1508, Florid	la Statut	es, the abo	DV0	-named corporati	oration submits this statement for the purpose of chion's board of directors. I hereby accept the appoint	anging its r	registered	
agent. I a	ım familiar with	, and accept the obligati	ons of, Section 617.	0503, Flo	orida Statu	tes.	THO DOLPOID.	ions board or directors, i morely develop and app	JIIQIII 60	Alsieren	
SIGNATURE .	Sinnature, typed or	r printed name of registered agent	and title if applicable.	(NOT	F Analstered	Ager	ot signature require	ed when reinstailing) DATE			
12.	Officer of the control of	OFFICERS AND			13.		***	ADDITIONS/CHANGES TO OFFICERS AND DI			
TITLE	D		☐ DE	LETE	1.1 TITU	E		ONINGE - PRESTABINT		Addition	
NAME		CHARLES			1.2 NAM		17	PERBERT LEVINE			
STREET ADDRESS		CREST DRIVE					ADDRESS 8	IGHICR, FL			
CITY-ST-ZIP TITLE	VENICE F	<u>-t</u>	□ DE	I FTF	1.4 CITY	-	-2IP V	RICHMAD WINDGASERN -	Change	Addition	
NAME	DV STOUT, I	DΛV		FEIE	2.2 NAM		י ע	GIO IRONWOOD CIRCLE	Criange I	Maumon	
STREET ADDRESS	812 RIAL							VENICE, FL			
CITY-ST-ZIP	VENICE F				2.4 CITY			V 25.74 / V 25 / D -		-	
TITLE	DS		☐ DE	LETE	E1180			JAMES GRAENWIOO	Change	Addition	
NAME	WEINBER				32 NAM	Æ	1	350 BERKSHIRE CT.			
STREET ADDRESS		BAY DRIVE					AUDRESS	WENICE FL			
CITY-ST-ZIP TITLE	VENICE F	<u></u>	∠ DE	ETC	3.4. CITY 4/1 TITU		1-24	- · · · · · · · · · · · · · · · · · · ·	Channa	☐ Addition	
NAME	DT Krebs, e	-nwa <u>p</u> h	UKE OF	TEIE	4.2 NAV		13	TOHN CASTELLANETE	- Unango	Abumon	
STREET ADDRESS		ENA DRIVE						915 PINELAND AVE,			
CITY-ST-ZIP	VENCIE F				4.4 CITY		r-ZIP	VENICH, FL			
TITLE	D		☐ DE	LETE	TITLE	9		IM DUGAN	Change	Addition	
NAME		IETT, JANICE			5.2 NAM			316 FIR AVE			
STREET ADDRESS		EPY HOLLOW LANE					ADDRESS /	VENICE, FL			
CITY-\$T-ZIP TITLE	VENICE F	1	DE	ETE .	5.4 CITY 6.1 TITLE				Change	Addition	
NAME	D Boyer, V	MAI TEQ	EF V	JE IE	6.2 NAM		-	AR VENUTION		F Augmon	
STREET ADDRESS		CH STREET					11 I	SO TARPON CENTER DRIS	IA.		
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I hereby certify that the information supplied with this filling 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 comporation or the reference empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if shaftped, or of an alternment with an address.

May 14 1998 8:00am