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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40594** (6)

1. Corporation Name

GREEK ISLANDS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**W. ODYSSEY RESTAURANT
6200 W. SUNRISE BLVD
SUNRISE FL 33313
US**

**PO BOX 39804
P. O. BOX 39804
FT LAUDERDALE FL 33339-9804
US**

3. Date Incorporated or Qualified

10/30/1990

4. FEI Number

65-0228354

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

4001 NW 36 TER

Suite, Apt. #, etc.

Lauderdale Lakes

City & State

FLORIDA

Zip

33313

Country

USA

Suite, Apt. #, etc.

City & State

Zip

33313

Country

USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOUZE, PHILIP J.
1215 S.E. SECOND AVE
SUITE 201
FT LAUDERDALE FL 33318**

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

**PD
PASSAKOS, SPIROS
4001 NW 36TH TERR
LAUDERDALE LAKES FL**

TITLE ☐ DELETE

**VD
APOSTILOS, VELISARIOS
13111 MUSTANG TRAIL
FT LAUDERDALE FL**

TITLE ☐ DELETE

**TD
MAOUNIS, JOYCE
5280 N.E. FOURTH TERRACE
FT. LAUDERDALE FL**

TITLE ☐ DELETE

**SD
TSANTANIS, SOTERIA
2228 S.E. 10TH ST.
POMPANO BEACH FL**

TITLE ☐ DELETE

**VD
FLIAKOS, ELIZABETH
4701 N. FEDERAL HWY
FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE

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.

SIGNATURE: 

**3/3/98 (954)
9462411**

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