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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40594

1. Corporation Name

GREEK ISLANDS ASSOCIATION, INC.

Principal Place of Business
4001 NW 36 TER
LAUDERDALE LAKES FL 33313
US

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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/30/1990 4. FEI Number 65-0229354 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

GOUZE, PHILIP J.
1215 S.E. SECOND AVE
SUITE 201
FT LAUDERDALE FL 33316

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PASSAKOS, SPIROS	1.1 TITLE	
NAME	4001 NW 36TH TERR	1.2 NAME	
STREET ADDRESS	LAUDERDALE LAKES FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD APOSTILOS, VELISARIOS	2.1 TITLE	
NAME	13111 MUSTANG TRAIL	2.2 NAME	
STREET ADDRESS	FT LAUDERDALE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD MAOUNIS, JOYCE	3.1 TITLE	
NAME	5280 N.E. FOURTH TERRACE	3.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD TSANTANIS, SOTERIA	4.1 TITLE	
NAME	2228 S.E. 10TH ST.	4.2 NAME	
STREET ADDRESS	POMPANO BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD FLIAKOS, ELIZABETH	5.1 TITLE	
NAME	4701 N. FEDERAL HWY	5.2 NAME	
STREET ADDRESS	FT LAUDERDALE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99 (954) 463-2995

CR 11/98