## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1000	<del>-</del>			]	
POCUMENT # N40748 (8)						
· .	H FLORIDA JUNIOR VOLLE	VRALL CLUB INC				
00011	THE COMBA COMON FOLLE	IDALL OCOU, INO.			I MANAKAN AN BURK ARIN IBNI BURU BURU BURU BURU BARU BARU BARU B	ARII ANANI ANANI NARI
Dringing! Plac	o of Business	Malling Address				
Principal Place of Business Malling Address						
8501 FRANJO ROAD					3. Date incorporated or Qualified	
	•	WILLIAM CE GOOGE			11/05/1990 4. FEI Number	T
					65-0236884	Applied For Not Applicable
2. Principal Place of Business 2a. Mailing Address					_ 60	75 Additional
21 13125 SW 72 ST. 26					To Certificate of Status Desired	e Required
Suite, Apt. #, etc.					, pro-	00 May Be
22 . 27 City & State City & State						led to Fees
23 MIAMI, FL 28					7. Is this nonprofit corporation a homeowners associ	iation?
Zip Country Zip			Coun	itry	8. This corporation owes or has paid the current year	ar Intangible
24 3319	33 25	29	30		Personal Property Tax due June 30.	No No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	
			1	B1 Name	1	
PEREIRA, JOSEPH A JR.				82 Street Address (P.O. Box Number is Not Acceptable)		
10300 S.W. 72ND STREET, #470C MIAMI FL 33173				93		
MANIF	L 331/3		L			
				City	FL   <sup>85</sup>	Zip Code
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida <b>Sta</b> tu	rles, the abo	ove-named		ng its registered
office or r agent. I a	registered agent, or both, in the State Im familiar with, and accept the oblig	e of Florida. Such change was actions of, Section 617.0503. F	authorized Iorida Statu	by the cor tes.	d corporation submits this statement for the purpose of changi reporation's board of directors. I hereby accept the appointmen	it as registered
SIGNATURE		,				
12.	Signature, typed or printed name of registered agent and little if applicable. (NOT		TE: Registered /	Agent signatur	e required when reinstating) DATE	TODO 151 40
TITLE	PD OFFICERS AN	OFFICERS AND DIRECTORS  DELETE		E	ADDITIONS/CHANGES TO OFFICERS AND DIREC	
NAME	GIBSON, STEPHANIE					ige [] Addition
STREET ADDRESS	11833 SW 273 ST.		1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY - ST - ZIP			
TITLE	VD DELETE		2.1 TiTL		☐ Chai	nge 🔲 Addition
NAME	FIELOS, WILLIAM		2.2 NAME			
STREET ADDRESS	13125 SW 72 ST		2.3 STR	EET ADORESS		
CITY-ST-ZIP	MIAMI FL			Y-ST-ZIP		F=-1
TITLE	SD DELÉTE MCCOY, JENNIFER		3.1 TITL		∐ Char	nge 🔲 Addition
NAME OTOGET ADDRESS	14101 SW 66 ST APT. A3		3.2 NAM			
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33183			EET ADDRESS Y-ST-ZIP		
TITLE	D DELETÉ		4.1 TITL	•	☐ Char	nge
NAME	PEREIRA, JOSEPH A JR.		4. 2 NAN			• – …
STREET ADDRESS	11135 S.W. 70TH TERRACE			EET ADORESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY	-ST-ZIP		
TITLE	TD DELETE		5.1 TITLI	E	TREASURER SURECTOR Char	nge 🔣 Addition
NAME	KIRTLAND, MARY			E	ARLENE NICHOLSON	
STREET ADDRESS	15300 SW 72 CT	and the second s		ET ADDRESS	ARLENE NICHOLSON	
CITY-ST-ZIP	MIAMI FL DELETE			-ST-ZIP	MIAMI FL 33183	nge Addition
TITLE NAME		L. DELETE	6.1 TITLE 6.2 NAM		L. Char	igo La Addition
STREET ADDRESS				et address		
CITY-ST-ZIP				-ST-ZIP		

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.

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STEPHANIE CIRCOL

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**FILED** 

Feb 26 1998 8:00am

Secretary of State

CR2E037 (10/97)