


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N41574** (7)
1. Corporation Name

CASE MANAGEMENT SOCIETY OF FLORIDA, INC.



| | |
|--|--|
| Principal Place of Business 1824 SW 100 AVENUE MIRAMAR FL 33025 US | Mailing Address 1824 SW 100 AVENUE MIRAMAR FL 33025 US |
|--|--|

3. Date Incorporated or Qualified

01/09/1991

4. FEI Number

59-3024529

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

**MOREO, KATHLEEN
1824 SW 100 AVE.
MIRAMAR FL 33025**

81 Name

Ricki S. Logan

82 CMSF

83 **8362 Pines Boulevard**

84 **#184**

85 Zip Code

33024

Pembroke Pines, FL 33024

of changing its registered
appointment as registered

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above
office or registered agent, or both, in the State of Florida. Such change was authorized by
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Ricki S. Logan**
Signature, typed or printed name of registered agent and title if applicable.

Ricki S. Logan
(NOTE: Registered Agent signature required when reinstating)

4/9/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|----------------------------|--|
| TITLE PO | LLEWELLYN, ANNE | <input checked="" type="checkbox"/> DELETE |
| NAME | 1876 NW 97 AVE. | |
| STREET ADDRESS | PLANTATION FL 33322 | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-----------------------------|---|
| 1.1 TITLE D | PRESIDENT | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | JILL LOPEZ | |
| 1.3 STREET ADDRESS | 900 BOWLINE DR. | |
| 1.4 CITY-ST-ZIP | VERO BEACH, FL 32963 | |

| | | |
|-----------------|------------------------------|--|
| TITLE TD | STOVER, BETTY | <input checked="" type="checkbox"/> DELETE |
| NAME | 4000 N. HILLS DR. #24 | |
| STREET ADDRESS | HOLLYWOOD FL 33021 | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|--------------------------------------|--|
| 2.1 TITLE D | PRESIDENT ELECT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | DIANNE MILLER | |
| 2.3 STREET ADDRESS | 10062 HUNTINGTON FOREST BLVD. | |
| 2.4 CITY-ST-ZIP | JACKSONVILLE, FL 32257 | |

| | | |
|-----------------|----------------------------|--|
| TITLE SO | LOPEZ, JILL | <input checked="" type="checkbox"/> DELETE |
| NAME | 900 BOWLINE DR. | |
| STREET ADDRESS | VERO BEACH FL 32963 | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-------------------------------------|--|
| 3.1 TITLE D | VIKI SOLOMON | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | 5722 S. FLAMINGO RD, STE 132 | |
| 3.3 STREET ADDRESS | FT. LAUDERDALE, FL 33330 | |
| 3.4 CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-----------------------------|---|
| 4.1 TITLE D | TREASURER | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | BETTY STOVER | |
| 4.3 STREET ADDRESS | 4000 N. HILLS DR #24 | |
| 4.4 CITY-ST-ZIP | HUWD, FL 33021 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Ricki S. Logan** **Ricki S. Logan** **4/9/98** **954-435-9669**

CR2E037 (10/97)