

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N46439** (8)

1. Corporation Name

BREAKAWAY CLUB, INC.



Principal Place of Business

**7101 SAVOY CT.
SEMINOLE FL 34646**

Mailing Address

**7101 SAVOY CT.
SEMINOLE FL 34646**

3. Date Incorporated or Qualified
12/13/1991

3a. Date of Last Report
10/05/1995

2. Principal Place of Business

2a. Mailing Address

21 Lista, Deby
Suite, Apt. #, etc.

26 Lista, Deby
Suite, Apt. #, etc.

22 3031 32nd Ave. N.

27 3031 32nd Ave. N.

City & State

City & State

23 St. Petersburg, FL

28 St. Petersburg, FL

Zip

Country

Zip

Country

24 33713

25 Pinellas

29 33713

30 Pinellas

4. FEI Number

59-2998964

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOSTER, RHONDA
7101 SAVOY CT.
SEMINOLE FL 34646**

81 Name

Lista, Deby

82 Street Address (P.O. Box Number is Not Acceptable)

3031 32nd Ave. N.

83

84 City

St. Petersburg

FL

85 Zip Code

33713

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

Deby Lista
Signature, typed or printed name of registered agent and title if applicable.

Deby Lista
Signature, typed or printed name of registered agent and title if applicable.

4/23/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** ☐ DELETE
NAME **LISTA, DEBY**
STREET ADDRESS **3031 32RD AVE N**
CITY-ST-ZIP **ST PETERSBURG FL 33713**

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **LITTLE, CAROL**
STREET ADDRESS **1950 PEPPERMILL DR**
CITY-ST-ZIP **CLEARWATER FL 34623**

2.1 TITLE **Medlin, Terri DV** ☒ Change ☐ Addition
2.2 NAME **12041 70th St. N.**
2.3 STREET ADDRESS **Largo, FL 34643**
2.4 CITY-ST-ZIP

TITLE **DT** ☒ DELETE
NAME **JACOBSON, RITA**
STREET ADDRESS **7077 GREENBRIAR DR.**
CITY-ST-ZIP **SEMINOLE FL 34647**

3.1 TITLE **Herman, Anita DS** ☒ Change ☐ Addition
3.2 NAME **9960 62nd St. N.**
3.3 STREET ADDRESS **Pinellas Park, FL 34666**
3.4 CITY-ST-ZIP

TITLE **DP** ☒ DELETE
NAME **KOSTER, JUDY**
STREET ADDRESS **14164 85TH AVENUE NORTH**
CITY-ST-ZIP **SEMINOLE FL 34646**

4.1 TITLE **Little, Sally DT** ☒ Change ☐ Addition
4.2 NAME **7600 18th Ave, N.**
4.3 STREET ADDRESS **St. Petersburg, FL 33710**
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **RAINERI, ANTHONY**
STREET ADDRESS **8578 BRISTOL CIR E**
CITY-ST-ZIP **CLEARWATER FL 34647**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **DS** ☒ DELETE
NAME **FOSTER, RHONDA**
STREET ADDRESS **7101 SAVOY CT.**
CITY-ST-ZIP **SEMINOLE FL 34646**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Deby Lista

4/23/96

596-7369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)