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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50741

1. Corporation Name

CROATIAN AMERICAN CLUB OF FLORIDA INC.

Principal Place of Business

7047 SUNSET DRIVE
SOUTH PASADENA FL 33707
US

Mailing Address

P.O. BOX 41492
ST PETERSBURG FL 33743-1492
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

09/03/1992

4. FEI Number

59-3152106

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

9. Name and Address of Current Registered Agent

HORVATICH, IVANKA
11506 WHISPERING HOLLOW DR
TAMPA FL 33635

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

TITLE PD ☒ DELETE
NAME NIVES, DENNY
STREET ADDRESS 1720 ALAMEDA DR
CITY-ST-ZIP SPRING HILL FL 34609

TITLE VD ☐ DELETE
NAME WINKLER, SILVIA
STREET ADDRESS 10825 INDIAL HILLS DR
CITY-ST-ZIP LARGO FL 33777

TITLE VP ☐ DELETE
NAME IVANISEVIC, VLATKA
STREET ADDRESS 440 JARDIN LANE
CITY-ST-ZIP SARASOTA FL 34238

TITLE S ☐ DELETE
NAME BOULTON, ANN-MARIE
STREET ADDRESS 15 KELLEY'S TRAIL
CITY-ST-ZIP OLDSMAR FL 34677

TITLE T ☐ DELETE
NAME HORVATICH, IVANKA
STREET ADDRESS 11506 WHISPERING HOLLOW DR
CITY-ST-ZIP TAMPA FL 33635

TITLE SOC ☒ DELETE
NAME HABER, ANN-MARIE
STREET ADDRESS 7596 16TH ST NO.
CITY-ST-ZIP ST PETERSBURG FL 33702

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME MARIO Spalatin
1.3 STREET ADDRESS 1131 Crescent St.
1.4 CITY-ST-ZIP SARASOTA, FL 34242

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 SOC ☒ Change ☐ Addition
5.2 NAME IVANKA Horvatic
5.3 STREET ADDRESS 11506 Whispering Hollow Dr
5.4 CITY-ST-ZIP Tampa FL 33635

6.1 TITLE T ☒ Change ☐ Addition
6.2 NAME Dubravka Bogovic
6.3 STREET ADDRESS 11307 Georgetown Circle
6.4 CITY-ST-ZIP Tampa FL 33635

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: *Dubravka Bogovic*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99

Date

813-818-4701

Daytime Phone #

CR2E037 (1/98)