

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90068 007 ****61.25

DOCUMENT # N50741

1. Entity Name

CROATIAN AMERICAN CLUB OF FLORIDA INC.



Principal Place of Business

**7047 SUNSET DRIVE
SOUTH PASADENA FL 33707
US**

Mailing Address

**P.O. BOX 5062
GULFPORT FL 33737
US**

90023694



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3152106**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HORVATICH, IVANKA
11506 WHISPERING HOLLOW DR
TAMPA FL 33635**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **DENNY, NIVES**
STREET ADDRESS **1720 ALAMEDA DR**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☐ Delete
NAME **POBORAC, SEKA**
STREET ADDRESS **8100 STIMIC AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SOC** ☐ Delete
NAME **OJDANIC, JADRANKA**
STREET ADDRESS **10775 VILLAGE CLUB CIR N APT 101**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
NAME **ALTSCHAFT, TATJANA**
STREET ADDRESS **3689 IMPERIAL RIDGE PKWY**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

ANN-MARIE BOULTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/03

(727) 789-4819

CR2E037 (10/02)