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Jun 25 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 # N94000000906 (7)

1. Corporation Name

NARPPS/FLORIDA CHAPTER, INC.



Principal Place of Business

Mailing Address

P.O. BOX 621179
OVIEDO FL 32762-1179
US

POST OFFICE BOX 621179
OVIEDO FL 32762-1179
US

3. Date Incorporated or Qualified

02/18/1994

4. FEI Number

59-3244248

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Seltzer / Delman, INC
Suite, Apt. #, etc.

26 7900 Nova Drive
Suite, Apt. #, etc.

22 7900 Nova Drive #104
City & State

27 Suite # 104
City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

24 33324 25 US

29 33324 30 US

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

PODGORSKI, STACEY M.
3308 HEATHGATE CT
SUITE 175
ORLANDO FL 32812

81 Name Claude Seltzer

82 Street Address (P.O. Box Number is Not Acceptable)
7900 Nova Drive

83 Suite 104

84 City Ft. Lauderdale

85 Zip Code FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME GRACEY, SANDRA L.
STREET ADDRESS 579 SNOW HILL RD
CITY-ST-ZIP GENEVA FL ☒ DELETE

1.1 TITLE DP
1.2 NAME Steve Bast
1.3 STREET ADDRESS 4045 Tyndel Creek Ct.
1.4 CITY-ST-ZIP Jacksonville, FL 32223 ☐ Change ☒ Addition

TITLE SDT
NAME CASPER, ALYSON
STREET ADDRESS 301 NW 84 AVENUE
CITY-ST-ZIP PLANTATION FL ☒ DELETE

2.1 TITLE DV
2.2 NAME Alyson Casper
2.3 STREET ADDRESS 4850 West Oakland Park Blvd
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33313 ☐ Change ☒ Addition

TITLE DT
NAME PODGORSKI, STACEY M.
STREET ADDRESS 3308 HEATHGATE CT
CITY-ST-ZIP ORLANDO FL ☒ DELETE

3.1 TITLE DS
3.2 NAME Eileen Glass
3.3 STREET ADDRESS 1711 Adams St.
3.4 CITY-ST-ZIP Longwood, FL 32750 ☐ Change ☒ Addition

TITLE PD
NAME SELTZER, CLAUDE B
STREET ADDRESS 7900 NORA DRIVE, STE. 201
CITY-ST-ZIP FT LAUDERDALE FL ☒ DELETE

4.1 TITLE DT
4.2 NAME Claude Seltzer
4.3 STREET ADDRESS 7900 Nova Drive, Suite 104
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33324 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

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 in an attachment with an address.

SIGNATURE: Claude B Seltzer Director/President 4/1/98

CR2E037 (10/97)