


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002803 (4)**

1. Corporation Name

ORDER OF AHEPA SUPPORT ASSOCIATION, INC.



Principal Place of Business 2555 ENTERPRISE ROAD SUITE 10 CLEARWATER FL 34623 US	Mailing Address 2555 ENTERPRISE ROAD SUITE 10 CLEARWATER FL 34623 US
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3. Date Incorporated or Qualified
05/31/1994

4. FEI Number
59-3264989

Applied For
Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

**TSAGARIS, JOHN S
2555 ENTERPRISE ROAD
SUITE 10
CLEARWATER FL 34623**

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	D	<input checked="" type="checkbox"/> DELETE
NAME	KAKLAMANOS, JAMES	
STREET ADDRESS	2725 ASHWOOD CT	
CITY-ST-ZIP	CLEARWATER FL 34821	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TSAGARIS, STEVE	
STREET ADDRESS	14548 110TH TERRACE N	
CITY-ST-ZIP	LARGO FL 34644	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MASTORIDES, MIKE	
STREET ADDRESS	1570 ELMWOOD ST.	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TSAGARIS, JOHN	
STREET ADDRESS	2378 TERENCE CT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FELOS, GEORGE	
STREET ADDRESS	380 MAIN ST., SUITE 200	
CITY-ST-ZIP	DUNEDIN FL 34619	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALEXANDER, ALEX	
STREET ADDRESS	14383 86TH AVE. N	
CITY-ST-ZIP	SENNOLE FL 34684	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SANDRA MASTORIDES, SANDRA	
1.3 STREET ADDRESS	1570 ELMWOOD ST.	
1.4 CITY-ST-ZIP	CLEARWATER, FL 33755	
2.1 TITLE	S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GUS PANTELIDES	
4.3 STREET ADDRESS	757 HARBOR ISLAND	
4.4 CITY-ST-ZIP	CLEARWATER, FL 34630 33767	
5.1 TITLE	T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PETER SKOULIS	
5.3 STREET ADDRESS	2006 HILLWOOD DR	
5.4 CITY-ST-ZIP	CLEARWATER, FL 34623 33763	
6.1 TITLE	P, D	<input checked="" 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: *Peter Skoulis*

03/13/98

CR2E037 (1097)