FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400004771 (1)

THE BLUE LAKES ELEMENTARY WORLD CENTER BOOSTER C LUB, INC.

Principal Place of Business Mailing Address									
9250 6W 52ND TERRACE MIAMI FL 33165				9250 SW 52ND TERRACE MIAMI FL 33165					3. Date Incorporated or Qualified 09/27/1994
									4. FEI Number Applied For
									65-0524454 Not Applicable
2. Principal P	lace of Busi	ness	2a.	2a. Mailing Address					5. Certificate of Status Desired S8.75 Additional
21				26					Fee Required
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be
22				27					Trust Fund Contribution Added to Fees
City & State				City & State					7. is this nonprofit corporation a homeowners association?
23				28					☐ Yes 🔼 No
	Zip Country			Zip Count			try		8. This corporation owes or has paid the current year Intangible
24				29 30					Personal Property Tax due June 30. 🔲 Yes 🔣 No
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent		
							11	Name	
SOEDER, LINDA						8	12	Street Ad	odress (P.O. Box Number is Not Acceptable)
10741 SW 49TH TERR.						L	\perp		
MIAMI F	L 33 165					€	13		,
							14	City	85 Zip Code
								-	FL [1]
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							by by	-named co the corpor	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE									
Signature, typed or printed name of registered agent and title II applicable. (NOTE: Register							\gen	nt signature rec	equired when reinstating) DATE
12.	- No	OFFICERS	AND DIREC		NEC EXE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD PEDS OFFICE			DELETE 1.1 TI					Change Addition
NAME VALDERS, CECELIA				1.2 №					
STREET ADDRESS 9250 SW 52 TERRACE								ADDRESS	,
CITY-ST-ZIP MIAMI FL				1.4 C				- ZIP	N. O
TITLE	VO	10001		LJ	PELETE	2.1 TITL			Change Addition
NAME				2.2 M					DeHombre, Cristina
STREET ADDRESS 9250 SW 52ND TERRACE				•				ADDRESS	ì
CITY-ST-ZIP MIAMI FL								T-ZIP	Way Trans
TITLE	&D	NA ANINN		LJI	TLE IC	3.1 TITL			X Change ☐ Addition
NAME	QUESADA, ANNY			3.21					Ferrer, Mari
STREET ADDRESS 9250 SW 52ND TERRACE								address	
CITY-ST-ZIP MIAMI FL				3.4. C(T				I-ZIP	
TITLE	CS			DELETE 4.1 T				1	Change Addition
NAME	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4. 2 N					
STREET ADDRESS 9250 SW 52 TERR				4.3 STREET ADDRESS					
CITY-ST-ZIP MIAMI FL				4.4 CITY - ST - ZIP				- ZIP	
TITLE	TD			∟.(DELETE 5.1 TIT				☐ Change ☐ Addition
NAME	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					5.2 NAME			}
STREET ADDRESS 9250 SW 52ND TERRACE					5.3 STREET ADDRESS			ADDRESS	
CITY-ST-ZIP MIAMI FL						5.4 CITY-ST-ZIP			
TITLE	,			IJū	DELETE	6.1 TITU	E	}	Change Addition
NAME						6.2 NAM	E		
STREET ADDRESS	1					6.3 STRE	ET A	ADDRESS	

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 trustoe 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: (Mustina) De Hombio Cristina DeHombre 4/30/98

rtify that the information

FILED

May 14 1998 8:00am

Secretary of State

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