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Apr 28 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 # **N94000005015 (2)**

1. Corporation Name

STILTSVILLE OPTIMIST CLUB OF MIAMI, INC.

Principal Place of Business

Mailing Address

**7311 NW 1ST CT
PEMBROKE PINES FL 33024**

**7311 NW 1ST CT
PEMBROKE PINES FL 33024**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/11/1994

4. FEI Number

65-0548095

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**

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

10. Name and Address of New Registered Agent

**DUNCAN, DAVID
7311 NW 1ST CT
PEMBROKE PINES FL 33024**

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	P/D	☒ DELETE
NAME	CALDWELL, TOM	
STREET ADDRESS	1085 NE 97TH ST.	
CITY-ST-ZIP	MIAMI FL 33138	

TITLE	D	☒ DELETE
NAME	RICHTER, TONY	
STREET ADDRESS	8900 SW 170TH ST	
CITY-ST-ZIP	MIAMI FL 33157	

TITLE	D	☐ DELETE ①
NAME	FLORES, TOM	
STREET ADDRESS	12320 SW 100TH AVE.	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	T/D	☐ DELETE ②
NAME	DUNCAN, DAVID	
STREET ADDRESS	7311 NW 1ST CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

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	☐ Change ☒ Addition ③
5.2 NAME	PRESIDENT -
5.3 STREET ADDRESS	EDWARD LEVINE - D
5.4 CITY-ST-ZIP	5352 SW 162ND AVE.

6.1 TITLE	☐ Change ☒ Addition ④
6.2 NAME	MELOTTI, DOMENIC - D
6.3 STREET ADDRESS	730 NW 10. RIVER DR.
6.4 CITY-ST-ZIP	MIAMI, FL. 33136

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: *DAVID DUNCAN* **DAVID DUNCAN**

4-2-98 305-651-0440

CR2E037 (10/97)