

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005720 (7)**

1. Corporation Name

**COUNT DR. ALBERT WASS DE CZEGE FOUNDATION, INC.**



Principal Place of Business <b>C/O GABRIEL G. KISS 5324 PINEVIEW WAY APOPKA FL 32703</b>	Mailing Address <b>C/O GABRIEL G. KISS 5324 PINEVIEW WAY APOPKA FL 32703</b>
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3. Date Incorporated or Qualified  
**11/18/1994**

4. FEI Number  
**59-3277992**

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

2. Principal Place of Business <b>C/O Arpad Szekely</b>	2a. Mailing Address <b>C/O Arpad Szekely</b>
Suite, Apt., #, etc. <b>1145 Roxboro Rd.</b>	Suite, Apt., #, etc. <b>1145 Roxboro Rd.</b>
City & State <b>Longwood, Fla.</b>	City & State <b>Longwood, Fla.</b>
Zip <b>32750</b>	Zip <b>32750</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

9. Name and Address of Current Registered Agent

**SZEKELY, ARPAD  
1145 ROXBORO ROAD  
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

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 **Arpad Szekely** (NOTE: Registered Agent signature required when installing) DATE **01-17-98**

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WASS, ALBERT</b>
STREET ADDRESS	<b>54729 CEDAR CREST RD</b>
CITY-ST-ZIP	<b>ASTOR FL 32102</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BANKUTY, GEZA E</b>
STREET ADDRESS	<b>705 KEY ROYAL</b>
CITY-ST-ZIP	<b>HOLMES BEACH FL 33510</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KISS, GABRIEL G</b>
STREET ADDRESS	<b>5324 PINEVIEW WAY</b>
CITY-ST-ZIP	<b>APOPKA FL 32703</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DEMETER, BELA</b>
STREET ADDRESS	<b>806 S SUMMERLIN AVE</b>
CITY-ST-ZIP	<b>ORLANDO FO</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SZEKELY, ARPAD</b>
STREET ADDRESS	<b>1000 DUGLASS AVE, APT 187</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ELISABETH, FESUS</b>
STREET ADDRESS	<b>1605 POCATELLO ST</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Arpad Szekely</b>
5.3 STREET ADDRESS	<b>1145 Roxboro Rd.</b>
5.4 CITY-ST-ZIP	<b>Longwood, FL 32750</b>
6.1 TITLE	<input 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)(f), 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: **Arpad Szekely** (Signature and Typed or Printed Name of Signing Officer or Director) Date: \_\_\_\_\_ Daytime Phone #: **0012476**

CR2E037 (10/97)