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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005791

1. Corporation Name

WESTPINE MIDDLE SCHOOL BAND PARENTS' ASSOCIATION
, INC.

Principal Place of Business

9393 NW 50TH ST
SUNRISE FL 33351

Mailing Address

9393 NW 50TH ST
SUNRISE FL 33351



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

Country

Country

9. Name and Address of Current Registered Agent

WILLIAM E. BLYLER, P.A.
1881 UNIVERSITY DR
CORAL SPRINGS FL 33071

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

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 ☐ DELETE

NAME SINIBALDI, JOHN
STREET ADDRESS 7408 SW 12TH CT
CITY-ST-ZIP N LAUDERDALE FL 33068

TITLE PD ☐ DELETE

NAME CASANELLO, LUNETTE
STREET ADDRESS 8250 NW 46 ST
CITY-ST-ZIP LAUDERHILL FL

TITLE VPD ☐ DELETE

NAME WHEELER, VICKI
STREET ADDRESS 8640 NW 44 CT
CITY-ST-ZIP LAUDERHILL FL

TITLE ST ☐ DELETE

NAME MAGLY, DEBBIE
STREET ADDRESS 4631 NW 84 AVE
CITY-ST-ZIP LAUDERHILL FL

TITLE T ☐ DELETE

NAME BISKUP, VIRGIE
STREET ADDRESS 7921 NW 54 ST
CITY-ST-ZIP LAUDERHILL FL 33351

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D

SINIBALDI, JOHN
5720 ROCK ISLAND RD
TAMARAC, FL 33319

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

PD

MARIA THOMPSON MARTIN
9417 NW 39 PLACE
SUNRISE, FL 33351

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

VPD

GLENN ROLLO
4931 NW 85 TERR
LAUDERHILL, FL 33351

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

S

LEISA BURNETTE
4755 NW 115 WAY
SUNRISE, FL 33323

☒ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

T

EILEEN MEYERSON
11950 NW 35 STREET
SUNRISE, FL 33323

☒ Change

☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)