

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 03, 1998 08:00 AM

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northain
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002308 (3)

1. Corporation Name

MYILENE ASSOCIATION OF FLORIDA "SAINT RAPHAEL",
INC.

Principal Place of Business

3890 LAKE SHORE DR
PALM HARBOR FL 34684

Mailing Address

3890 LAKE SHORE DR
PALM HARBOR FL 34684

3. Date Incorporated or Qualified

05/11/1995

4. FEI Number

59-3315457

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 350 Forest Park Rd.

22 City & State

27 OLDSMAR FL

23 Zip

Country

28 34677

Country

24

25

29

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

GIALOUSKIS, PETER
3890 LAKE SHORE DR
PALM HARBOR FL 34684

81 Name Pete Sarantos Pres.

82 Street Address (P.O. Box Number is Not Acceptable)
350 Forest Park Rd

83 OLDSMAR

84 City

FL

85 Zip Code

34677

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 reappointing)

4/26/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE

NAME GIALOUSAKIS, PETER
STREET ADDRESS 3890 LAKE SHORE DR
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE DV ☒ DELETE

NAME DAMIANAKIS, ELIAS
STREET ADDRESS 6442 PAWLING AVE
CITY-ST-ZIP PT RICHEY FL 34688

TITLE D ☒ DELETE

NAME KOUKOS, HARRY L
STREET ADDRESS 44 LEWARD
CITY-ST-ZIP CLEARWATER FL 34630

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME DPS
1.3 STREET ADDRESS Pete Sarantos
1.4 CITY-ST-ZIP 350 Forest Park Rd
OLDSMAR FL 34677

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME TD
2.3 STREET ADDRESS Peter Markoulakis
2.4 CITY-ST-ZIP 3437 DEVONSHIRE
KOLIDAY FLA, 34691

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME DGIALOUSAKIS PETER
3.3 STREET ADDRESS 3890 LAKE SHORE DRIVE
3.4 CITY-ST-ZIP PALM HARBOR FL 34684

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

4/26/98

CR2E037 (10/97)