FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

TITLE

NAME

STREET ADDRESS

N95000004287 (7) **DOCUMENT #**

VOLLEYBALL COMMUNITY, INC. Mailing Address Principal Place of Business 1080 N. RIVER DRIVE 1080 N. RIVER DRIVE MIAMI FL MIAMI FL 3a. Date of Last Report 3. Date incorporated or Qualified 09/08/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 45-0610000 Not Applicable 26 \$8.75 Additional 21 Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required Suite, Apt. #, etc. 27 22 \$5.00 May Be 6. Election Campaign Financing City & State \Box City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, 23 Country Zip Country Yes No Ζıρ Florida Statutes 30 10. Name and Address of New Registered Agent 29 24 25 9. Name and Address of Current Registered Agent Name 81 Street Address (P.O. Box Number is Not Acceptable) 82 SCHILLINGER, LEE H ESQUIRE 4601 SHERIDAN STREET, SUITE 202 83 HOLLYWOOD FL 33021 Zip Code 85 84 City 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. DATE (NOTE: Registered Agent signature required when renaturing) Signature, typed or printed name of registered agent and title 1 applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Addition Change 12. DELETE 1 1 TITLE TITLE 1.2 NAME BARRERE, WILLIAM NAME 1.3 STREET ADDRESS 1080 N. RIVER DRIVE STREET ADDRESS 1.4 CITY - ST - ZIP Addition MIAMI FL Change CITY - ST - ZIP DELETE TITLE n SCHILLINGER, LEE H NAME 2.3 STREET ADDRESS 4601 SHERIDAN STREET, #202 STREET ADDRESS 2 4 CITY - ST - ZIP Addition HOLLYWOOD FL 33021 Change CITY-ST-ZIP DELETE 31 TITLE TITLE 32 NAME BREKKA, JOHN A JR. NAME 3.3 STREET ADDRESS 4601 SHERIDAN STREET,#202 STREET ADDRESS 34. CITY-ST-ZIP Addition HOLLYWOOD FL 33021 Change CITY-ST-ZIP DELETE 4.1 TIBLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP ☐ Addition Change CITY - ST - ZIP DELETE 51 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP [Addition Change CITY-ST-ZIP DELETE 61 TITLE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 certify that I am an office 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: VEED OR PRINTED NAME

62 NAME

63 STREET ADDRESS

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