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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90009 024 \*\*\*\*61.25

0022342

DOCUMENT # N95000004342

1. Corporation Name

CORAL SPRINGS WATER POLO CLUB, INC.

Principal Place of Business  
8951 NW 23 STREET  
CORAL SPRINGS FL 33065

Mailing Address  
8951 NW 23 STREET  
CORAL SPRINGS FL 33065



2. Principal Place of Business

21 9022 NW 47 CT

Suite, Apt. #, etc.

22

City & State

23 CORAL SPRINGS FL

Zip

24 33067

Country

25 U.S.A.

2a. Mailing Address

26 9022 NW 47 CT

Suite, Apt. #, etc.

27

City & State

28 CORAL SPRINGS FL

Zip

29 33067

Country

30 U.S.A.

3. Date Incorporated or Qualified

09/12/1995

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

FALLIK, ALAN  
8951 NW 23 STREET  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name MARCOS GONDIM

82 Street Address (P.O. Box Number is Not Acceptable)  
9022 NW 47 CT

83

84 City CORAL SPRINGS

FL

85 Zip Code  
33067

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 *Alan Fallik* ALAN FALLIK

DATE 4/26/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GONDIM, MARCOS  
STREET ADDRESS 10540 LA PLACIDA DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☐ DELETE

NAME GOLDENBERG, MICHAEL  
STREET ADDRESS 9980 NW 44 CT  
CITY-ST-ZIP SUNRISE FL 33351

TITLE D ☐ DELETE

NAME RICARDO, FERREIRA  
STREET ADDRESS 9033 WILES RD #204  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

*Marcos Gondim* Director 4/26/99 954 752-9764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)