

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000001540 (1)

1. Corporation Name

FRIENDS OF R'CLUB, INC.

Principal Place of Business

4910-D CREEKSIDE DRIVE
CLEARWATER FL 34620

Mailing Address

4910-D CREEKSIDE DRIVE
CLEARWATER FL 34620

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

03/20/1996

4. FEI Number

59-3417531

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☒

\$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

GUARINO, BARBARA
4910-D CREEKSIDE DRIVE
CLEARWATER FL 34620

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 PD ☒ DELETE

NAME OOK, PIE

STREET ADDRESS 1850 OAK CREEK DRIVE

CITY-ST-ZIP DUNEDIN FL

TITLE VD ☐ DELETE

NAME PETZOLDT, JULIE

STREET ADDRESS 3811 102ND PLACE

CITY-ST-ZIP CLEARWATER FL

TITLE SD ☒ DELETE

NAME MARTZ, RANAE

STREET ADDRESS 10271 36TH STREET

CITY-ST-ZIP CLEARWATER FL 34622

TITLE TD ☐ DELETE

NAME GUARINO, BARBARA

STREET ADDRESS 2857 58TH CIRCLE S

CITY-ST-ZIP ST PETERSBURG FL

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 PD ☒ Change ☐ Addition

1.2 NAME Petzoldt, Julie

1.3 STREET ADDRESS 3611 102nd Place

1.4 CITY-ST-ZIP Clearwater FL 34622

2.1 TITLE VD ☐ Change ☒ Addition

2.2 NAME Johnson, Sherri

2.3 STREET ADDRESS 4472 31st Avenue N.

2.4 CITY-ST-ZIP St. Petersburg FL 33712

3.1 TITLE SD ☐ Change ☒ Addition

3.2 NAME Dameron, Glenna

3.3 STREET ADDRESS 400 Cleveland Street

3.4 CITY-ST-ZIP Clearwater, FL 33755

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 800002608508

4.3 STREET ADDRESS -08/05/98--01099--032

4.4 CITY-ST-ZIP ***61.25

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 118.07(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:

Barbara Guarino
Barbara Guarino, Treasurer

7-24-98

727-864-4010

Date

Daytime Phone #

000004

CR2E037 (5/98)