

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000002685 (3)**

1. Corporation Name

**PYCC COUNCIL, INC.**



Principal Place of Business <b>5950 PELICAN BAY PLAZA #1102 ST PETERSBURG FL 33707 US</b>	Mailing Address <b>5950 PELICAN BAY PLAZA #1102 ST PETERSBURG FL 33707 US</b>
--	--

3. Date Incorporated or Qualified

**05/21/1996**

4. FEI Number

**59-3382970**

Applied For

Not Applicable

2. Principal Place of Business <b>21 5950 Pelican Bay Plaza</b> Suite, Apt. #, etc. <b>22 #1102</b> City & State <b>23 Gulfport, FL 33707</b> Zip <b>24 33707</b>	2a. Mailing Address <b>26 5950 Pelican Bay Plaza</b> Suite, Apt. #, etc. <b>27 #1102</b> City & State <b>28 Gulfport, FL 33707</b> Zip <b>29 33707</b>
--	---

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 **N/A**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BACON, DAVID A  
2959 1ST AVE N  
ST PETERSBURG FL 33713**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VANEK, DONALD F 6240 KIPPS COLONY DR., #305 GULFPORT FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SCHMIDT, J W 5950 PELICAN BAY PLAZA ST PETERSBURG FL 33707</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V KAPLAN, GEORGE J 2775 KIPPS COLONY DR., #206 GULFPORT FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KOSLOW, RICHARD 5950 PELICAN BAY PLAZA ST PETERSBURG FL 33707</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SOMMERVILLE, ARTHUR A 2775 KIPPS COLONY DR., #102 GULFPORT FL</b> <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD BARTHOLOMAE, JOHN J. 5906 Skinner Point Blvd. Gulfport, FL 33707</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>VD KAPLAN, GEORGE J. 2775 Kipps Colony Dr., #206 Gulfport, FL 33707</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>SD KOSLOW, RICHARD 5950 Pelican Bay Plaza, #1102 Gulfport, FL 33707</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>VD PETRANY, ZOLTAN 6131 Pasadena Point Blvd. Gulfport, FL 33707</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.

SIGNATURE:

**SIGNATURE REQUIRED**

**Schmidt, Treasurer 1/27/98**

**813/343-3835**

CR2E037 (10/97)