

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000001607

1. Entity Name  
CZEGEI WASS FOUNDATION, INC.



Principal Place of Business  
1602 WOODFORD AVE.  
FORT MYERS, FL 33901

Mailing Address  
1602 WOODFORD AVE.  
FORT MYERS, FL 33901



02212005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0791401	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

WASS DE CZEGE, GEZA  
1602 WOODFORD AVE.  
FORT MYERS, FL 33901

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOB WASS DE CZEGE, VID 2217 MULBERRY STREET SALEM, VA 24102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASS DE CZEGE, HUBA 22247 TURNER ROAD EASTON, VA 660207131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WASS DE CZEGE, MIKLOS 720 WILSHIRE BLVD 3RD FLOOR SANTA MONICA, CA 90401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WASS DE CZEGE, GEZA 1602 WOODFORD AVE. FT. MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEBC WASS DE CZEGE, ANDREAS SANDMOORWEG 41 HAMBURG-RISSEN, GERMANY, 22559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000290114  
04/06/05-80053-010 70.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 2005 239-337-2034  
Date Daytime Phone #