

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000002355 (2)

1. Corporation Name

EAA CHAPTER 1181 INC.



Principal Place of Business

Mailing Address

8705 ASHWORTH DR
TAMPA FL 33647-2269

8705 ASHWORTH DR
TAMPA FL 33647-2269

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

693448953

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TEICHMAN, BETTY H
8705 ASHWORTH DR
TAMPA FL 33647-2269

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President D
NAME Bebe Teichman
STREET ADDRESS 8705 Ashworth Dr
CITY-ST-ZIP Tampa FL 33647

1.1 TITLE President D
1.2 NAME Bebe Teichman
1.3 STREET ADDRESS 8705 Ashworth Dr.
1.4 CITY-ST-ZIP Tampa FL 33647

TITLE VP. - D
NAME Jim Worne
STREET ADDRESS P.O. Box 508
CITY-ST-ZIP Trilby FL 33593

2.1 TITLE VP. D
2.2 NAME Jim Worne
2.3 STREET ADDRESS P.O. Box 508
2.4 CITY-ST-ZIP Trilby FL 33593

TITLE Treasurer D
NAME David Teichman
STREET ADDRESS 8705 Ashworth Dr
CITY-ST-ZIP Tampa FL 33647

3.1 TITLE Treasurer D
3.2 NAME David Teichman
3.3 STREET ADDRESS 8705 Ashworth Dr
3.4 CITY-ST-ZIP Tampa FL

TITLE S
NAME Bruce Gorman
STREET ADDRESS 5254 Saddlebrook way
CITY-ST-ZIP Wesley Chapel FL 33543

4.1 TITLE S
4.2 NAME Bruce Gorman
4.3 STREET ADDRESS 5254 Saddlebrook way
4.4 CITY-ST-ZIP Wesley Chapel FL 33543

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE R. J. ...

1-1998

612073-1128

CR2E037 (10/97)