FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9700004976 (3)

FILED
May 19 1998 8:00am
Secretary of State

THE W	estside Clubhouse, in	C.			
Principal Plac	e of Business	Mailing Address) 1881/1884 BAB ABAN ABAN BBAN BBANK BBANK BBAN	BOINE BIDHO IDHIN 1001\$ ONIN 1806
4229 W 16TH AVENUE HIALEAH FL 33012		4229 W 16TH AVENUE HIALEAH FL 33012		3. Date Incorporated or Qualified 09/03/1997 4. FEI Number Applied For	
			1	68-077-8308	Not Applicable
21	lace of Business	2a. Mailing Address 26	11-11-11-11-11-11-11-11-11-11-11-11-11-	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Election Campaign Financing	\$5.00 May Be
City & State		City & State		7. Is this nonprofit corporation a homeown	Added to Fees
23		28		Yes	No No
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the c	
[24]	9. Name and Address of Curre		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
			81 Name C	- / A - A OA - 1	Agent
SOSA, ROBERT G			82 Street Addr	C hard PA A W esp (P.O. Box Number is Not Acceptable)	
6405 NW 36TH STREET SUITE 106			43	27 BOX NUMBER S NOT ACCEPTED A	re
MIAMI FI	. 33166		83		
			84 Pty	DONE DOCK E	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the ab			s, the above-named corp	oration submits this statement for the purpose	of changing its registered
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 SICHARD PAGAN STANKING MARCH 9 1998					
12.	Signature, typed or printed name of registered agr	innt and title if applicable. (NOTE: I ID DIRECTORS	Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	ASSITISTED OF MAGES TO STATISTICAL	Change Addition
NAME	COLE, WALTER G JR		1.2 NAME		
STREET ADDRESS	680 EAST 54TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	HIALEAH FL 33013	DELETE	1.4 CITY - ST - ZIP		Channe I Iddition
NAME	SOTO, ANGEL	C procir	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	5681 NW 194 LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33055		2. 4 CITY-ST-ZIP		
TALE	D DALWE IS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	MACHLEID, DAVID JR 971 WEST 53RD STREET		3.2 NAME		
CITY-ST-ZIP	HALEAH FL 33012		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DĒLĒTE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		C. OLLEN	5.2 NAME		Cusule
STREET ADDRESS			5.3 STREET ADDRESS		_
CITY-ST-ZIP		·	5.4 CITY-ST-ZIP		
TITLE	•	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME STREET ADODESS			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
	artifuthat the information augustical w	Strate in Community of the control o	0.4 GHT-31-ZIF		

t nereby 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 changes or on an attachment with an actioness.

CIGNIATURE: /

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