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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005798

1. Corporation Name

PALMETTO BAY STEERING COMMITTEE, INC.

Principal Place of Business

17415 SOUTH DIXIE HIGHWAY
MIAMI FL 33157-5434

Mailing Address

17415 SOUTH DIXIE HIGHWAY
MIAMI FL 33157-5434



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/13/1997

4. FEI Number

65-0804536

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUDOVICI, EDWARD P. ESQ.
17415 SOUTH DIXIE HIGHWAY
MIAMI FL 33157-5434

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 DT ☐ DELETE
NAME LUDOVICI, EDWARD P
STREET ADDRESS 17415 S DIXIE HWY
CITY-ST-ZIP MIAMI FL 33157

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE
NAME PARISER, BRIAN W
STREET ADDRESS 9130 SOUTH DADELAND BLVD. #1511
CITY-ST-ZIP MIAMI FL 33156

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE
NAME FLINN, EUGENE P. JR
STREET ADDRESS 1099 SW LE JEUNE ROAD
CITY-ST-ZIP MIAMI FL 33134

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME TAYLOR, ALLEN
STREET ADDRESS 15905 SW 77 CT
CITY-ST-ZIP MIAMI FL 33157

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DT ☐ DELETE
NAME ROBINSON, KENNETH H
STREET ADDRESS 15605 SW 77 CT
CITY-ST-ZIP MIAMI FL 33157

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

TITLE PS ☐ DELETE
NAME GERALD, BEVERLY F
STREET ADDRESS 14271 SW 74 CT
CITY-ST-ZIP MIAMI FL 33158

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

1/13/99 305-235-2161