

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90043 010 ****62.00

DOCUMENT # N98000000085

1. Entity Name
CLUB 15, INC.



Principal Place of Business
**6904 WILLIAMS DR
TAMPA, FL 33634-2957**

Mailing Address
**P O BOX 10735
TAMPA, FL 33679**

J4UJ0716



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3506516

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINALES, GLADYS
14423 RIVERSTONE DRIVE
TAMPA, FL 33624**

Name **MARCIA E. PITA**
Street Address (P.O. Box Number is Not Acceptable)
814 WEST FRIBLEY ST.
City **TAMPA** FL Zip Code **33603**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PT** ☐ Delete
NAME **CASTELLUI, ALEIDA T**
STREET ADDRESS **6904 WILLIAMS DR**
CITY-ST-ZIP **TAMPA, FL 336342951**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **RODRIGUEZ, CONCHITA**
STREET ADDRESS **13902 DENNELL LN**
CITY-ST-ZIP **TAMPA, FL 336243401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **PITA, MARCIA E**
STREET ADDRESS **1107 W CORAL STREET**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **EUTRIALGO, MARIA**
STREET ADDRESS **11924 KEATING DR**
CITY-ST-ZIP **TAMPA, FL 33626**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Marcia E. Pita **MARCIA E. PITA** 4/15/04 (813) 760-6879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #