## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9800005420 1. Corporation Name

LAUDERDALE ISLES YOUTH ASSOCIATION, INC.

Principal Place of Business 2637 WHALE HARBOR LANE FT. LAUDERDALE FL 33312

2. Principal Place of Business

Mailing Address

2a. Mailing Address

2637 WHALE HARBOR LANE FT. LAUDERDALE FL 33312

## **FILED** Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90061 044 \*\*\*\*61.25



3. Date incorporated or Qualifed

21		26			<u>U9/17/1998</u>			
Suite, Apt.	Apt. #, etc. Suite, Apt		, Apt. #, etc.		4. FEL Number	App	lied For	
22		27			65-0863336	Not	Applicable	
City & State	9	City & State		÷*	5. Certificate of Status Desired	*8.75 A		
23					OF CERTIFICATE OF CHARLES DOSITED	Fee Req	luired	
Zip	Country Zip Cou		Country		6. Election Campaign Financing \$5.00 May Be		May Be	
24	25 29 30				Trust Fund Contribution	Added to	Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent		
				Name				
KLAWANS, ARTIE				82 Street Address (P.O. Box Number is Not Acceptable)				
2436 S.W. 30TH AVE.				on other radius (1 to 1 and 1				
FT. LAUDERDALE FL 33312								
FI. LAUDERDALE FE 30312				0.5		85 Zip C	ode	
			84	City	Fi	_	i	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statutes.	the above	a-named corpo	oration submits this statement for the purpose o	f changing its r	egistered	
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.								
agent. I am familiar with, and acceptine obligations of, Section 617.0503, Piorida Statules.								
SIGNATURE Signature, type-dr printed name of registered agent and title if applicable. (NOTE: Registered Agent algneture required when reinstating)  DATE								
12.	OFFICERS AND		13.	it algitatate raquire.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	
TITLE	DP .	☐ DELETE	1,1 TITLE	. 1		☐ Change	Addition	
NAME	KLAWANS, LINDA	_	1,2 NAME				ļ	
	•			TADDRESS			1	
STREET ADDRESS	100 0 0011777.2.		ŀ	1			}	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-23P		☐ Change	Addition	
TITLE	VPD	<del>-</del>						
NAME	NEATIANO, AITTE		2.2 NAME					
STREET ADDRESS	2100 0.11. 0011. 11.2.			TADDRESS				
CITY-ST-ZIP	7 1. B (0) L (0) (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		2, 4 CITY-5	ST-ZIP		[] Changa	Addition	
TILE	STD	☐ DELETE	3.1 TITLE			Change	Addition [	
NAME	KERWIN, DAYNA 32N		3.2 NAME				1	
STREET ADDRESS	2413 NASSAU LANE 33		3.3 STREE	TADORESS				
CITY-ST-ZIP	11 0 000 010 140 10 100 100		3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	ļ	•	Change	Addition	
NAME			4. 2 NAME	}				
STREET ADDRESS			4.3 STREE	TADDRESS	,			
CITY-ST-ZIP	•	·	4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition .	
NAME	•		5.2 NAME		,		ſ	
STREET ADDRESS			5.3 STREE	TADDRESS			,	
CITY-ST-ZIP			5.4 CITY- S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			. ☐ Change	☐ Addition	
NAME		•	62 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				
			6.4 CITY-S	T-ZiP				
CITY-ST-ZIP		At in Cities of an and amonth, for the	3,7 3,7 7		Costion 110 07/2)/i) Florida Statutos I further or	- 415 . AL - A Abo is	formation	

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 turther certify that the informatic 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 anyattachment with an address, with all other like empowered.

SIGNATURE: