SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:23

DOCUMENT # **710777** **(4)**

1. Corporation Name

SOMBRERO COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
4000 SOMBRERO BLVD. MARATHON FL 33050 US	P.O. BOX 500968 MARATHON FL 33050-0968

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1966
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-1142228 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~FRIGOLA, ALFRED K~~
~~5701 OVERSEAS HWY~~
~~MARATHON FL 33050~~

10. Name and Address of New Registered Agent

81 Name: W.J. Heffernan, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 2975 Overseas Highway
83
84 City: Marathon **FL** 85 Zip Code: 33050

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: W.J. Heffernan, Jr. W.J. Heffernan DATE: 6/16/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	WEIS, FRANK T.	12 NAME		
STREET ADDRESS	310 14TH STREET	13 STREET ADDRESS		
CITY-ST-ZIP	KEY COLONY BCH. FL	14 CITY-ST-ZIP		
TITLE	~~T~~	21 TITLE	D	☐ Change ☒ Addition
NAME	~~BURROUGHS, JOAN E~~	22 NAME	Stuart, Albert D.	
STREET ADDRESS	~~P. O. BOX 169 N/A~~	23 STREET ADDRESS	227 Anglers Drive South #304	
CITY-ST-ZIP	~~KEY COLONY BEACH FL~~	24 CITY-ST-ZIP	Marathon, FL 33050	
TITLE	~~D~~	31 TITLE	V	☐ Change ☒ Addition
NAME	~~LOIACONO, VINCENT J.~~	32 NAME	Daniels, William S.	
STREET ADDRESS	~~7780 GULFSTREAM BLVD~~	33 STREET ADDRESS	102 Calle Ensueno	
CITY-ST-ZIP	~~MARATHON FL~~	34 CITY-ST-ZIP	Marathon, FL 33050	
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	MAGEE, KATHRINE D	42 NAME		
STREET ADDRESS	P. O. BOX 500517 N/A	43 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	COURNEYA, GERALD J.	52 NAME		
STREET ADDRESS	10730 5TH AVE.	53 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL	54 CITY-ST-ZIP		
TITLE	~~V~~	61 TITLE	T	☒ Change ☐ Addition
NAME	COLBY, JAMES T.	62 NAME		
STREET ADDRESS	117 COCO PLUM DR.	63 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Kathrine D Magee Kathrine D. Magee 6/16/95 305/743-2551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006530