

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 710777 (4)**

1. Corporation Name  
**SOMBRERO COUNTRY CLUB, INC.**



Principal Place of Business  
**4000 SOMBRERO BLVD.  
MARATHON FL 33050  
US**

Mailing Address  
**P.O. BOX 500968  
MARATHON FL 33050-0968**

3. Date Incorporated or Qualified  
**04/25/1966**

3a. Date of Last Report  
**06/20/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1142228		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		MARATHON, FL			
Zip	Country	Zip	Country				
24	25	29	30				
		33050-0969					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HEFFERMAN, W.J. J 2975 C. SEAS HIGHWAY MARATHON, FL 33050</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	T	BRUCE A. BROWN	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WEIS, FRANK F.		1.2 NAME		1996 OVERSEAS HIGHWAY		
STREET ADDRESS	310 14TH STREET		1.3 STREET ADDRESS		MARATHON, FL 33050		
CITY-ST-ZIP	KEY COLONY BCH FL		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	P	ALBERT D. STUART	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STUART, ALBERT D.		2.2 NAME				
STREET ADDRESS	227 ANGLERS DRIVE SOUTH #304		2.3 STREET ADDRESS				
CITY-ST-ZIP	MARATHON FL		2.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	D	JAMES F. LEWIS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DANIELS, WILLIAM S.		3.2 NAME		7616 GULFSTREAM BLVD.		
STREET ADDRESS	102 CALLE ENSUENO		3.3 STREET ADDRESS		MARATHON, FL 33050		
CITY-ST-ZIP	MARATHON FL		3.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE		500001791635	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAGEE, KATHRINE D		4.2 NAME		-04/23/96--01164--011		
STREET ADDRESS	P. O. BOX 500517 N/A		4.3 STREET ADDRESS		***61.25		
CITY-ST-ZIP	MARATHON FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COURNEYA, GERALD J.		5.2 NAME				
STREET ADDRESS	10730 5TH AVE.		5.3 STREET ADDRESS				
CITY-ST-ZIP	MARATHON FL		5.4 CITY-ST-ZIP				
TITLE	F	<input checked="" type="checkbox"/> DELETE	6.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLBY, JAMES F.		6.2 NAME				
STREET ADDRESS	117 6060-PLUM DR.		6.3 STREET ADDRESS				
CITY-ST-ZIP	MARATHON FL		6.4 CITY-ST-ZIP				

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: Bruce A. Brown **Bruce A. Brown**, 4.15.96 **305/743 2551**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Treasurer

CR2E037 (12/95)