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Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/25/1966	3a. Date of Last Report 04/22/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 P.O. BOX 500969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 MARATHON, FL
Zip 24	Country 30 USA
Country 25	Zip 29 33050-0969

4. FEI Number 59-1142228	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HEFFERNAN, W.J. J
2975 OVERSEAS HIGHWAY
MARATHON FL 33050**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

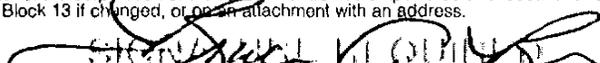
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	T	<input type="checkbox"/> DELETE
NAME	BROWN, BRUCE A	
STREET ADDRESS	1996 OVERSEAS HIGHWAY	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	P	<input type="checkbox"/> DELETE
NAME	STUART, ALBERT D.	
STREET ADDRESS	227 ANGLERS DRIVE SOUTH #304	
CITY-ST-ZIP	MARATHON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DANIELS, WILLIAM S.	
STREET ADDRESS	102 CALLE ENSUENO	
CITY-ST-ZIP	MARATHON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MAGEE, KATHRINE D	
STREET ADDRESS	P. O. BOX 500517 N/A	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COURNEYA, GERALD J.	
STREET ADDRESS	10730 5TH AVE.	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, LEWIS F	
STREET ADDRESS	7616 GULFSTREAM BLVD.	
CITY-ST-ZIP	MARATHON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GERALD L. BESSEMER	
4.3 STREET ADDRESS	8062 PORPOISE DRIVE	
4.4 CITY-ST-ZIP	MARATHON, FL 33050	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KATHERINE E. WALKER	
5.3 STREET ADDRESS	75 TINGLER ISLAND	
5.4 CITY-ST-ZIP	MARATHON, FL 33050	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JAMES F. LEWIS	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:  **BRUCE A. BROWN** TREASURER
2-2167 2-2143-2551

CR2E037 (9/96)