

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**



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

3a. Date of Last Report  
**04/22/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **P.O. BOX 500969**

4. FEI Number  
**59-1142228**

Applied For  
Not Applicable

**22** City & State

**27** City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**23** Zip Country

**28** **MARATHON, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**24** Zip Country

**29** **33050-0969** **30** **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEFFERNAN, W.J. J  
2975 OVERSEAS HIGHWAY  
MARATHON FL 33050**

**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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, BRUCE A</b>	
STREET ADDRESS	<b>1996 OVERSEAS HIGHWAY</b>	
CITY-ST-ZIP	<b>MARATHON FL 33050</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>STUART, ALBERT D.</b>	
STREET ADDRESS	<b>227 ANGLERS DRIVE SOUTH #304</b>	
CITY-ST-ZIP	<b>MARATHON FL</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>DANIELS, WILLIAM S.</b>	
STREET ADDRESS	<b>102 CALLE ENSUENO</b>	
CITY-ST-ZIP	<b>MARATHON FL</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAGEE, KATHRINE D</b>	
STREET ADDRESS	<b>P. O. BOX 500517 N/A</b>	
CITY-ST-ZIP	<b>MARATHON FL</b>	

4.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>GERALD L. BESSEMER</b>
4.3 STREET ADDRESS	<b>8062 PORPOISE DRIVE</b>
4.4 CITY-ST-ZIP	<b>MARATHON, FL 33050</b>

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COURNEYA, GERALD J.</b>	
STREET ADDRESS	<b>10730 5TH AVE.</b>	
CITY-ST-ZIP	<b>MARATHON FL</b>	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D</b>
5.3 STREET ADDRESS	<b>KATHERINE E. WALKER</b>
5.4 CITY-ST-ZIP	<b>75 TINGLER ISLAND</b>

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, LEWIS F</b>	
STREET ADDRESS	<b>7616 GULFSTREAM BLVD.</b>	
CITY-ST-ZIP	<b>MARATHON FL</b>	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D</b>
6.3 STREET ADDRESS	<b>JAMES F. LEWIS</b>
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:

*[Signature]*

**BRUCE A. TREASURER**  
**BROWN**

**2-21-97**

**3-5-97-2551**

CR2E037 (9/96)