

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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		Mailing Address		3. Date Incorporated or Qualified	
4000 SOMBRERO BLVD. MARATHON FL 33050 US		P.O. BOX 500969 MARATHON FL 33050-0969 US		04/25/1966	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-1142228	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code
	FL

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	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BRUCE A	1.2 NAME	
STREET ADDRESS	1996 OVERSEAS HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL 33050	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUART, ALBERT D.	2.2 NAME	M. ANN LYNCH
STREET ADDRESS	227 ANGLERS DRIVE SOUTH #304	2.3 STREET ADDRESS	2691 SOMBRERO BLVD.
CITY-ST-ZIP	MARATHON FL	2.4 CITY-ST-ZIP	MARATHON, FL 33050
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIELS, WILLIAM S.	3.2 NAME	JOHN J. QUINLAN
STREET ADDRESS	102 CALLE ENSUENO	3.3 STREET ADDRESS	1515 SOMBRERO BLVD. D-1
CITY-ST-ZIP	MARATHON FL	3.4 CITY-ST-ZIP	MARATHON, FL 33050
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSEMER, GERALD L.	4.2 NAME	
STREET ADDRESS	80622 POPOISE DRIVE	4.3 STREET ADDRESS	
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	WALKER, KATHERINE E.	5.2 NAME	
STREET ADDRESS	75 TINGLER ISLAND	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JAMES F.	6.2 NAME	
STREET ADDRESS	7616 GULFSTREAM BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	6.4 CITY-ST-ZIP	

14. 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 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:

John J. Quinlan

JOHN J. QUINLAN 2.17.98 305/743-2551

CR2E037 (10/97)