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**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90147 007 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 710777**

1. Corporation Name

**SOMBRERO COUNTRY CLUB, INC.**

Principal Place of Business

**4000 SOMBRERO BLVD.  
 MARATHON FL 33050  
 US**

Mailing Address

**P.O. BOX 500969  
 MARATHON FL 33050-0969  
 US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**04/25/1966**

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-1142228**

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00** May Be  
 Added to Fees

24

25

29

30

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

NAME

STREET ADDRESS

CITY-ST-ZIP

**T  
 BROWN, BRUCE A  
 1996 OVERSEAS HIGHWAY  
 MARATHON FL 33050**

☒ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**T/D  
 REASIN, RICHARD  
 27790 KYLE BLVD.  
 BIG PINE KEY, FL 33043**

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SD  
 LYNCH, M. ANN  
 2691 SOMBERO BLVD.  
 MARATHON FL 33050**

☒ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**P/D  
 PALGUTA, ROBERT F.  
 OCEAN FRONT CONDOS, #1  
 KEY COLONY BEACH, FL 33051-0855**

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD  
 QUINLAN, JOHN J.  
 1515 SOMBRERO BLVD. D-1  
 MARATHON FL 33050**

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**D**

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**V  
 BESSEMER, GERALD L.  
 80622 POPOISE DRIVE  
 MARATHON FL**

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**V/D**

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
 WALKER, KATHERINE E.  
 75 TINGLER ISLAND  
 MARATHON FL**

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**S/D  
 HALL, EDWARD B.  
 107 JAMAICA STREET  
 MARATHON, FL 33050**

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
 LEWIS, JAMES F.  
 7616 GULFSTREAM BLVD.  
 MARATHON FL**

☒ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D  
 BECKER, ROBERT H.  
 241 - 12th Street  
 KEY COLONY BEACH, FL 33051-0194**

☐ Change

☒ Addition

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 677, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT F. PALGUTA**

Date

Daytime Phone #

*Robert F. Palguta* 3/29/99 305 743-2551

CR2E037 (11/98)