FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

714130

(2)

GOLF CLUB CONDOMINIUM, INC.

Principal Place of Business Mailing Address					
Principal Place of Business Mailing Address					***** ***** ***** ***** ***** ***** ****
201 7TH STREET . O. BOX 548		201 7TH STREET , O. BOX 548			
KEY COLONY BEACH FL 33051		KEY COLONY BEACH FL 33051			-
				3. Date Incorporated or Qualified 02/20/1968	3a. Date of Last Report 03/08/1996
- , '	ace of Business	2a. Mailing Address		4. FEI Number 59-2655336	Applied For
21 Suite, Apt.	# etc	26 Suite, Apt. #, etc.		09-2000000	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Žip	Country	Z _f p	Country	8. This corporation has liability for in	
24	[25] 9. Name and Address of Current	29 Registered Agent	30	Florida Statutes 10. Name and Address of New Rec	Yes No
	3. Table 214 7155 01 04 1011	riogistorou Agorit	81 Name	10. Name and Address of New Reg	istered Agent
DDEN/01	TED WAL		112.113		
BREWSTER, WM. 201 7TH STREET				dress (P.O. Box Number is Not Acceptable	6)
201 / In UNIT #3			83		
KEY COLONY BEACH FL 33051					
KET CO	EONT BEACH FE 33031		84 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 617 0502	and 617 1508 Florida State	utes the above-named cor	poration submits this statement for the pu	
Office of re	agistered agent, or both, in the State (of Florida, Such change was	s authorized by the corpora	ation's board of directors. I hereby accept	t the appointment as registered
•	m familiar with, and accept the obliga	tions of Section 617,0503, F	-lorida Statutes.		
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title it applicable /NC	OTE: Registered Agent signature requ	Ired when reinstation?	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	TD	DELETE	1.1 TITLE		Change Addition
NAME	BECKER, ALBERT E.		1.2 NAME		··· -
STREET ADDRESS	7TH. ST. 201 APT.8		1.3 STREET ADDRESS		
CHTY-ST-ZIP	KEY COLONY BCH, FL 00000)	1.4 CITY - ST - ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		Change Addition
NAME	Brewster, WM.		2.2 NAME		
STREET ADDRESS	7TH. ST. 201 APT#3		2.3 STREET ADDRESS		
CITY-S1-ZIP	KEY COLONY BCH, FL 00000)	2. 4 CITY - ST - ZIP		
TITLE	SD	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILKOVICH, MIKE		3.2 NAME		
STREET ADDRESS	201 7TH STREET APT 7	,	3.3 STREET ADDRESS		•
CITY-ST-ZIP	KEY COLONY BEACH FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Drugge	5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	or certify that the information cumuliad	with this filing does not ave	6.4 CITY-ST-ZIP	d in Continu 110 07/09/0 Fleete Or	14 min and the second
information	indicated on this annual report or su	pplemental annual report is	true and accurate and tha	ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal ort as required by Chapter 617, Florida St	. I further certify that the effect as if made under oath; that
appears in	ficer or director of the corporation or to Block 12 or Block 13 if changed, or	ine receiver or trustee empo on an attachment with an ac	wered to execute this repo idress	ort as required by Chapter 617, Florida St	atutes; and that my name