FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # 74449 BUNKERS CLUB, INC.	0 (4)			1 HOW WANTED				
Principal Place of Business		Mailing Address	Mailing Address				UDIN BIBIN DIBIN DICIN DIL		
333 CYPRESS WAY. EAST NAPLES FL 33942		333 CYPRESS WAY. EAST NAPLES FL 34110-1155							
					3. Date Incorporated 10/05/197		3a. Date of Last 04/24/	Report 1996	
2. Principal Place of Business		2a. Mailing Address	⊢ ·		4. FEI Number	4. FEI Number		Applied For	
Suite, Apr. #, etc.		26 Suite Ant # etc	Suite, Apt. #, etc.		59-1930520			Not Applicable	
22]		→ · · · · · · · · · · · · · · · · · · ·	27		5. Certificate of Statu	s Desired	1 1 7 " -	Additional Required	
City & State		City & State			6. Election Campaign	6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contrib	•		d to Fees	
Z ip Г==1	Country	Zip	Count	ry	8. This corporation h	as liability for in	ntangible tax under	s. 199.032,	
24	9. Name and Address of Current Registered Agent				Florida Statutes Yes No 10. Name and Address of New Registered Agent				
•• •• • • • • • • • • • • • • • • • • •		ir riogiotorea rigoni	8	1 Name	TO, Name Bild Addie	se or new net	gratered Agent		
GROTE	NHUIS, E. N.								
333 CYPRESS WAY E.			6:	2 Street A	Address (P.O. Box Number is	Not Acceptable	le)		
	S FL 33942		6	3	1170				
			B	4 City			- 85 Zij	p Code	
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statute office or registered agent, or both, in the State of Florida Such change was at agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Such change was at agent.							FLII	•	
0,01,11,11,11	Signature, typed or painted name of registered age	ent and title if applicable (NO			required when reinstating) ADDITIONS/CHANG	····	DATE		
Title	PD	DELETE			ADDITIONS/OTIANO	are to or the	Change		
NAME	PAUL COULSON		1.2 NAME	.		•			
STREET ADDRESS	333 CYPRESS WAY E		1.3 STRE	et address					
CITY- ST-ZIP	NAPLES FL		1.4 CITY	ST-ZIP					
TITLE	VD CONTENTION C	☐ DELETE	2.1 TITLE	- 1			Change	Addition	
NAME STREET ADDRESS	GROTENHUIS, E. 1 333 CYPRESS WAY E		2.2 NAME	1					
CITY-ST-ZIP	NAPLES FL		2.3 STREET ADDRESS 2.4 CITY - ST - ZIP						
TILE	ST	DELETE	3.1 TITLE				Change	Addition	
NAME	BIECHLER, HELEN		3.2 NAME						
STREET ADDRESS	333 CYPRESS WAY E		3.3 STREE	ET ADDRESS					
CITY-S1-ZIP	NAPLES FL		3.4. CITY	-ST-ZIP					
TIBLE	D	DELETE	4.1 TITLE				Change	Addition	
NAME	WILLIAM YOUNG		4. 2 NAME						
STREET ADDRESS CHY+ST+ZIP	333 CYPRESS WAY E NAPLES FL		4.3 STREET ADDRESS						
TITLE	D	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE				Change	Addition	
NAME	BIECHLER, J.R.	_	5.2 NAME					riouteon	
STREET ADDRESS	333 CYPRESS WAY E			T ADDRESS					
City-St-Zip	NAPLES FL		5.4 CITY-	ST-ZIP					
TITLE	D THOMAS THOMAS	DELETE	6.1 TITLE		D		☐ Change	Addition	
NAME	THOMAS THOMASMA		6.2 NAME		DOIN HICKS			-	
STREET ADDRESS City - St - Zip	11686 QUAIL VILLAGE WAY NAPLES FL		6.3 STREE	1 ADDRESS	333 CYPRESS		5 1		
CHY.SL.702	1 17BC C 43 C 4		■ ¢ A CITV	C (700)	A (A (C) (C)	-/ 4 / 1	-		

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 en an attachment with an address.

E.N. GROTENHUIS

SIGNATURE:

941-597-8003

FILED

Mar 21 1997 8:00am

Secretary of State