FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(0)

	Corporation	IVI 🗀 IV I n Name	# 1409	408	(2)						
	PLAYE	RS CLUB	ON THE BAY	', INC							
Pri	ncipal Place	of Business		Mailing	Address						II OIDH BIDH FAF
· · · · · · · · · · · · · · · · · · ·											
					IN FL 32541						
DESTIN FL 32541 US									3. Date Incorporated or Qualified	3a. Date of Las	t Report
	JS								05/28/1985	02/03/	
2.	Principal Pl	cipal Place of Business			2a. Mailing Address				4. FEI Number		Applied For
21	- ·), Apt. #, etc.			26				59-2543489		Not Applicable
22	Suite, Apt.	, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required
	City & State	State			City & State				6. Election Campaign Financing		00 May Be
23				28	28				Trust Fund Contribution		ed to Fees
_	Zip	Country		, p	Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,		
24		9. Name and Address of Curre		29			30		Florida Statutes		
5. Halle and Address of Carrett Hegistered Agent								_		Sistered Agent	
	PUCKETE JOHN E. 82							Leyda R. Lewis et Address (P.O. Box Number is Not Acceptable)			
	1096 OLD HIGHWAY 98						Z Straet	Addres	S (F.O. BOX Number is NOt Acceptable	ы	
	STE C102B						3				
	DESTIN FL 32541									 85 Z	ip Code
							4 City			FLII	•
11.	or register	to the provision to the provision of the provision to the	ons of Sections 617 both, in the State _l o	.0502 and 617.15 f Florida Buch cha	08, Florida Statute inge was authorize	i, the above b by the co	s-named co rporation's	orporati board	on submits this statement for the purp of directors. I hereby accept the appo	xose of changing its Intment as registere	registered office id agent. I am
		ith, and accep	ot the obligations of	, Section 6170500	Porida Statutes.		`				
SIC	GNATURE ,	Signature typed	or printed name of registers	o agent of the foot ca	Die. (NOT	E: Registered A	gent signature r	required w	hen reinstating)	DATE	
12		- T				13.			ADDITIONS/CHANGES TO OFFI		
TITL		DV			DELETE	1.1 TITLE				Change	Addition
NAN		HALL, CARL			NTM 1		1.2 NAME				
	EFF ADDRESS				SIIN		1.3 STREET ADDRESS 1.4 City-St-Zip				
TITL	Y - ST - ZiP .E	DST	<u>FL</u>		DELETE	2.1 TiTLE		-		Change	Addition
NAS			I, HORACE E.		-	2.2 NAM					
STR	EET ADDRESS		ERS CLUB-SAN	DESTI		2.3 STRE	ET ADDRESS				
CITY	Y-ST-71P						2.4 DITY-ST-ZIP				
TITL					₹ DELE1E			PD	• • •	₹ Change	☐ Addition
NAM		GIOTRUNK, JACK							ls,Jake		
	EET ADDRESS						ET ADDRESS	1	6 Shoreline elo, MS 38801		
TITL	Y-ST-ZIP .F	D D	14		DELETE	4.1 TiTLE	'-ST-ZIP	D	ETO 112 20001	Change	☐ Addition
NAN		MILLS,	JAK E		A-	4. 2 NAN		1 -	trunk, Jack Jr.	**************************************	
SIR	EET ADDRESS		IORLINE			4.3 STRE	ET ADOR! SS		5 Greenville Ave.,	Suite 815	
	Y-ST-ZIP	TUPELC				4.4 CITY		1	las, Tx 75206		
1111					DELETE	5 1 TITLE		D	-	Change	Addition
NAA						5.2 NAM		Sch	uppert,Kenneth Sr.		
	EET ADDRESS						ET ADORESS	1	Troon Road		
CITY TITE	Y-ST-ZIP .E				DELETE	5.4 CITY 6.1 TITLE	-ST-ZIP	Pad	ueah, XY 42001	Change	Addition
NAN.						6.2 NAM					
	EET ADDRESS						ET ADORI SS				
	Y-ST-ZIP					6 4 CITY					
	. I do hereb	by certify that	the information sup	plied with this filing	is voluntarily furnis	hed and ok	es not qua	alify for	the exemption stated in Section 119.0 and that my signature shall have the	7(3)(k), Florida Statusame legal effect as	ites. I further

certify that the information indicated on this arrival report or supplemental arrival report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or direction of the copyoration to 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 or Block 13 or on an attachment with an address.

SIGNATURE: ___

Daytima Phone #