

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N13513** (9)

1. Corporation Name

PLAYERS CLUB AT SUNTREE, INC.



Principal Place of Business

Mailing Address

**740 FAIRWAY DR
MELBOURNE FL 32940**

**740 FAIRWAY DR
MELBOURNE FL 32940**

3. Date Incorporated or Qualified
02/20/1986

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

4. FEI Number

59-2682713

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SABELLI, ANN
6939 N. WICKHAM ROAD
MELBOURNE FL 32940**

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 or designation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **EVERITT, EDNA MAE**
STREET ADDRESS **745 PLAYERS CT**
CITY-STATE-ZIP **MELBOURNE FL**

TITLE **VPD** ☐ DELETE
NAME **CONNICK, WARNER**
STREET ADDRESS **738 FAIRWAY DR**
CITY-STATE-ZIP **MELBOURNE FL**

TITLE **SD** ☐ DELETE
NAME **COMPTON, WILMA**
STREET ADDRESS **752 PLAYERS CT**
CITY-STATE-ZIP **MELBOURNE FL**

TITLE **TD** ☐ DELETE
NAME **FISCHER, JACKIE**
STREET ADDRESS **711 FAIRWAY DR**
CITY-STATE-ZIP **MELBOURNE FL**

TITLE **D** ☐ DELETE
NAME **KELTON, STAN**
STREET ADDRESS **768 PLAYERS COURT**
CITY-STATE-ZIP **MELBOURNE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME **VPD**
23 STREET ADDRESS **FALCONE, ROGER**
24 CITY-STATE-ZIP **772 PLAYERS COURT
MELBOURNE, FL 32940**

31 TITLE ☒ Change ☐ Addition
32 NAME **SD**
33 STREET ADDRESS **KELTON, STANTON**
34 CITY-STATE-ZIP **768 PLAYERS COURT
MELBOURNE, FL 32940**

41 TITLE ☒ Change ☐ Addition
42 NAME **TD**
43 STREET ADDRESS **COMPTON, WILMA**
44 CITY-STATE-ZIP **752 PLAYERS COURT
MELBOURNE, FL 32940**

51 TITLE ☒ Change ☐ Addition
52 NAME **D**
53 STREET ADDRESS **CONNICK, WARNER**
54 CITY-STATE-ZIP **738 FAIRWAY DRIVE
MELBOURNE, FL 32940**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Edna Mae Everitt Pres.

2/7/1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)