


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90039 005 \*\*\*\*61.25

**DOCUMENT # N13513**  
 1. Entity Name  
**PLAYERS CLUB AT SUNTREE, INC.**



Principal Place of Business Mailing Address  
**6939 N. WICKHAM ROAD MELBOURNE FL 32940**      **6939 N. WICKHAM ROAD MELBOURNE FL 32940**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)  
 4. FEI Number **59-2682713** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**STEWART, FRANCIS M CPA**  
**6939 N. WICKHAM ROAD**  
**MELBOURNE FL 32940**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME	PD OAKES, BETTY	<input type="checkbox"/> Delete
STREET ADDRESS	717 FAIRWAY DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE NAME	SD OBRIEN, JOAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	707 PLAYERS CT.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE NAME	VP LARKIN, ERIC	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	758 PLAYERS CT.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE NAME	TD CLARK, JUNE	<input type="checkbox"/> Delete
STREET ADDRESS	720 FAIRWAY DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE NAME	D LARKIN, ERIC	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	758 PLAYERS CT	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE NAME	D PEREZ, VAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	723 PLAYERS CT	
CITY-ST-ZIP	MELBOURNE FL 32940	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	<i>Stephan R. T. ...</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>723 Fairway Dr</i>	
CITY-ST-ZIP	<i>Melbourne FL 32940</i>	
TITLE NAME	<i>Ellen Bennett</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>719 Fairway Dr</i>	
CITY-ST-ZIP	<i>Melbourne FL 32940</i>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *June M. Clark* *June M. Clark* *3-10-08* *221-7513994*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Current Phone #