FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N16939

(3)

1. Corporation	ARTMOUTH CLUB OF TAM	PA BAY, INC.			
Principal Place	e of Business	Mailing Address		4 100-1110-1 001 11810 03110 1010-0 11110 10	
101 E KENNEDY BLVD		P.O. BOX 172609	i !		
2800		2800		1	
TAMPA FL 33602 US		TAMPA FL 33672-0609 US		3. Date incorporated or Qualified	3a. Date of Last Report
03		03	* 1	09/22/1986	06/06/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2719839	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	:	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Oountry	8. This corporation has liability for in	
24	25	29	30	· · · · · · · · · · · · · · · · · · ·	Yes 🔣 No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Reg	platered Agent
81 Name					
YADLEY, GREGORY C.			82 Street Ad	ldress (P.O. Box Number is Not Acceptab	le)
	ER, LOOP & KENDRICK		83		
	ENNEDY BLVD, #2800		63	,	
TAMPA FL 33602			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617 050	2 and 617 1508. Florida Statut	es the above-pamed co	proporation submits this statement for the n	
agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was a lations of, Section 617.0503, Flo	authorized by the corpor orida Statutes.	orporation submits this statement for the prairies board of directors. I hereby accep	it the appointment as registered
SIGNATURE .	Signature, typed or printed name of registered ag-	ent and little if applicable (NOT	E. Registered Agent signature rec	guired when reinstating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE		<i>'P</i>	Change Addition
NAME	POE, WILLIAM F. JR.		1.2 NAME	Timerman , J. Todd	
STREET ADDRESS	2106 ARBOR OAKS DRIVE		1.3 STREET ADDRESS	OIE. Kenedy Blud., 42800	o
CITY-ST-ZIP	VALRICO FL	DELETE	1.4 CITY-ST-ZIP	10mpo1 ch 35000	Change Addition
TITLE		["] DETEIE	2.1 TITLE	NOP ,	
NAME CIRCET ADDRESS	BELL, JAMES A 665 BAYHEAD RD		2.2 NAME	Padley, Gregor, C. OIE Vernedy BILD, #28	·~
STREET ADDRESS	DADE CITY FL		2.3 STREET ADDRESS	OIE Konned BING = # -	
CITY-ST-ZIP TITLE	D	DELETE	2. # CITY-\$1-ZIP	70mps, FL 33602	Change Addition
NAME	DAISLEY, ROBERT M		3.2 NAME	-	
STREET ADDRESS	3201 W KNIGHTS AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-2IP		
TITLE	VPD	DELETE	4.1 TITLE		Change Addition
NAME	SCHWARTZ, DONALD		4. 2 NAME		ì
STREET ADDRESS	2106 GULFVIEW DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	DEGENHART, JAMES		5.2 NAME		
STREET ADDRESS	424 CENTRAL AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME .	YADLEY, BARBARA		6.2 NAME		
STREET ADDRESS	400 N. FLORIDA AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		64 CITY-ST-ZIP		

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 of 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 supportation 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 is if phanged or on an attachment with an address.

CONTRACTOR OF THE PROPERTY OF