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May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N18204 (0)

1. Corporation Name

SUNLAKE SOCIAL CLUB, INC.

Principal Place of Business

1103 ST. LAWRENCE DRIVE
GRAND ISLAND FL 32735

Mailing Address

1103 ST. LAWRENCE DRIVE
GRAND ISLAND FL 32735-8729



3. Date Incorporated or Qualified
12/11/1986

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-2745800

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

CHILDS, GEORGE
1510 LAKE DRIVE
GRAND ISLAND FL 32735

10. Name and Address of New Registered Agent

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SPOHR, LOIS
STREET ADDRESS 2140 CHESAPEAKE PLACE
CITY-ST-ZIP GRAND ISLAND FL

TITLE VD
NAME BUCKEY, BONNIE
STREET ADDRESS 2025 GRAND TRAVERSE CIRCLE
CITY-ST-ZIP GRAND ISLAND FL

TITLE SD
NAME SCHULTZ, EVELYN
STREET ADDRESS 2740 GRAND TRAVERSE CIRCLE
CITY-ST-ZIP GRAND ISLAND FL

TITLE AD
NAME ARNETT, KATHY
STREET ADDRESS 2735 GRAND TRAVERSE CIRCLE
CITY-ST-ZIP GRAND ISLAND FL

TITLE TD
NAME DARBE, GLORIA
STREET ADDRESS 1385 MACKINAW COURT
CITY-ST-ZIP GRAND ISLAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME SPOHR, LOIS
1.3 STREET ADDRESS 2140 CHESAPEAKE PLACE
1.4 CITY-ST-ZIP GRAND ISLAND FL

2.1 TITLE VD
2.2 NAME BUCKEY, BONNIE
2.3 STREET ADDRESS 2025 GRAND TRAVERSE CIRCLE
2.4 CITY-ST-ZIP GRAND ISLAND, FL

3.1 TITLE VDA
3.2 NAME KATHRYN SCHAEFFER, KATHRYN
3.3 STREET ADDRESS 2765 GR. TRAVERSE CIR.
3.4 CITY-ST-ZIP GRAND ISLAND, FL

4.1 TITLE SD
4.2 NAME KATZ, MARJORIE
4.3 STREET ADDRESS 1570 LAKE DRIVE
4.4 CITY-ST-ZIP GRAND ISLAND, FL

5.1 TITLE TD
5.2 NAME Joubert Jacqueline
5.3 STREET ADDRESS 1135 LAKE DRIVE
5.4 CITY-ST-ZIP GRAND ISLAND, FL

6.1 TITLE AD
6.2 NAME WEBSTER, MARYLOU
6.3 STREET ADDRESS 3870 GRAND TRAVERSE CIR.
6.4 CITY-ST-ZIP GRAND ISLAND, FL

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 on an attachment with an address.

CR2E037 (9/96)