

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 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 # **N95000004603 (5)**
1. Corporation Name
MIRAMAR BEACH AND TENNIS CLUB, INC.



| | |
|---|--|
| Principal Place of Business 105 SHELL DRIVE BONITA SPRINGS FL 34134 | Mailing Address 105 SHELL DRIVE BONITA SPRINGS FL 34134-8584 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/27/1995 | 3a. Date of Last Report 10/25/1996 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country | 2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country |
|---|--|

| | |
|--|--|
| 4. FEI Number 65-0604776 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**EDELBROCK, KENNETH
105 SHELL DRIVE
BONITA SPRINGS FL 34134**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EDELBROCK, KENNETH R | 1.2 NAME | |
| STREET ADDRESS | 269 LELY BEACH BLVD., #404 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BONITA SPRINGS FL 33923 | 1.4 CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANDER, ROBERT | 2.2 NAME | |
| STREET ADDRESS | 260 LELY BEACH BLVD, #401 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BONITA SPRINGS FL 33923 | 2.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RANSCHELBACK, WILLIAM | 3.2 NAME | |
| STREET ADDRESS | 265 LELY BEACH BLVD, #PH-2 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BONITA SPRINGS FL 33923 | 3.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARESCHE, EDMOND | 4.2 NAME | |
| STREET ADDRESS | 748 SAINT GEORGES COURT | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 33963 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 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: *Kenneth Edelbrock* **KENNETH EDELBROCK** 4/28/97 941-992-0024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060384

CR2E037 (9/96)