FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT

2. Principal Place of Business

N95000004603 (5)

1. Corporation Name

MIRAMAR BEACH AND TENNIS CLUB, INC.

34134

Principal Place of Business

105 Shell Drive
Bonita Springs, FL

Mailing Address

2a. Mailing Address

105 Shell Drive Bonita Springs, FL 34134

FILED Jun 22, 1999 8:00 am Secretary of State

06-22-1999 90010 041 ****61.25



3. Date Incorporated or Qualifed

21		<u> </u>			9/27/1995		
Suite, Apt	. #, etc. Suite, Apt. #, etc.				9/27/1995 4. FEI Number	Ap	olied For
22	27				65-0604776		Applicable
City & Sta	te City & State				5. Certifcate of Status Desired	\$8.75 A	
23	28					Fee Re	
Zip—	Zip				6. Election Campaign Financing	•	May Be —
9. Name and Address of Current Registered Agent			<u>'L</u>		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current Reg	stered Agent	81	Name	10. Name and Address of New Registered	Agent	
			(")	Name -			
EDELBROCK, KENNETH			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
105 SHELL DRIVE			83				
BONITA SPRINGS, FL 34134			00				!
			84	City	Fi	85 Zip C	ode
44 Duranas	to the provisions of Continue \$17,0502 and	617 1E09 Florida Statutos	the phase		orporation submits this statement for the purpose of	e	rogistered
office or	registered agent, or both, in the State of Flor	ida. Such change was auth	orized by	the corpora	ation's board of directors. I hereby accept the appo	intment as rec	istered
agent, I a	am familiar with, and accept the obligations of	f, Section 617.0503, Florida	Statutes.		,	11-09	,
SIGNATURE		Harrison (NOTE: Box	nintered Agen	Laignetura romu	Jired when reinstating) DATE	77/	
12.	Signature, typed or printed name of registered agent and title OFFICERS AND DIR		13.	t signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change	Addition
NAME	137	BROCK, KENNETH R. 12N)			
STREET ADDRESS	969 Barofoot Boach Blud #404 1		1.3 STREET	ADDRESS			1
CITY-ST-ZIP			1.4 CITY-ST	- 1			
TITLE	STD	DELETE 2.1 TIT				[] Change	Addition
NAME	SID		22 NAME	}			ļ
STREET ADDRESS	SANDER, ROBERT		2.3 STREET	ADDRESS			
CITY-ST-ZIP	Danita Carriera Br	BIVO., #401	2. 4 CITY-S	Į.			
TITLE	Bonita Springs, FL	J4134 DELETE	3.1 TITLE			Change	Addition
NAME	VPD		3.2 NAME				
STREET ADDRESS	RAUSCHELBACH, WILLI	AM	3.3 STREET	ADORESS			
CITY-ST-ZIP	265 Barefoot Beach		3.4. CITY-S	T-ZIP			
TITLE	Bonita Springs, FL	3413 ADELETE	4.1 TITLE			Change	Addition
NAME	VPD		4. 2 NAME	ļ			
STREET ADDRESS	GARESCHE, EDMOND	~	4.3 STREET	ADDRESS	•		
C/TY-ST-ZIP	748 Saint Georges V	Court	4.4 CITY-ST	- ZIP			
TITLE	Naples, FL 34110	☐ DELETÉ	5.1 TITLE			Change	Addition
NAME	VPD		5.2 NAME	1			}
STREET ADDRESS			5.3 STREET	ADDRESS)
CITY-ST-ZIP	264 Barefoot Beach	Blvd., #504	5.4 CITY-ST	- ZIP			
TITLE	Bonita Springs, FL	3413 ADELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	İ		6.2 NAME				.
STREET ADDRESS	}		6.3 STREET	ADDRESS			1
CITY-ST-ZIP			6.4 CITY-ST	-ZIP			

14. I 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 gitten address, with all other like empowered.

SIGNATURE FRICAL COLLEGEN

1 -1 -9 941 992 0024 Date Daytime Phone # CR2E037 (11/98)