

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:39

DOCUMENT # **S81948** (9)

1. Corporation Name
ATLANTIC BEACH & TENNIS CLUB, INC.

Principal Place of Business: **8 OCEAN TRACE ROAD ST. AUGUSTINE FL 32084**
Mailing Address: **8 OCEAN TRACE ROAD ST. AUGUSTINE FL 32084**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/20/1991**
3a. Date of Last Report: **02/01/1994**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-3086184**
Applied For: Not Acceptable

State Apt. # etc: **22**
City & State: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**
City & State: **28**

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

Zip: **24** Country: **25**
Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BROTHERS, WILLIAM O.
C/O 8 OCEAN TRACE ROAD
ST. AUGUSTINE BEACH & TENNIS CLUB
ST. AUGUSTINE FL 32084**

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 607.0902 and 607.1908, Florida Statutes, the above named corporation submits the 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 607.0905, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

OFFICER	NAME	STREET ADDRESS	CITY, ST. ZIP
P	BROTHERS, WILLIAM O.	8 OCEAN TRACE RD.	ST. AUGUSTINE BEACH FL
OFFICER	NAME	STREET ADDRESS	CITY, ST. ZIP
OFFICER	NAME	STREET ADDRESS	CITY, ST. ZIP
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OFFICER	NAME	STREET ADDRESS	CITY, ST. ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICER	NAME	STREET ADDRESS	CITY, ST. ZIP	Change	Addition
OFFICER	NAME	STREET ADDRESS	CITY, ST. ZIP	<input type="checkbox"/>	<input type="checkbox"/>
OFFICER	NAME	STREET ADDRESS	CITY, ST. ZIP	<input type="checkbox"/>	<input type="checkbox"/>
OFFICER	NAME	STREET ADDRESS	CITY, ST. ZIP	<input type="checkbox"/>	<input type="checkbox"/>
OFFICER	NAME	STREET ADDRESS	CITY, ST. ZIP	<input type="checkbox"/>	<input type="checkbox"/>
OFFICER	NAME	STREET ADDRESS	CITY, ST. ZIP	<input type="checkbox"/>	<input type="checkbox"/>
OFFICER	NAME	STREET ADDRESS	CITY, ST. ZIP	<input type="checkbox"/>	<input type="checkbox"/>
OFFICER	NAME	STREET ADDRESS	CITY, ST. ZIP	<input type="checkbox"/>	<input type="checkbox"/>
OFFICER	NAME	STREET ADDRESS	CITY, ST. ZIP	<input type="checkbox"/>	<input type="checkbox"/>
OFFICER	NAME	STREET ADDRESS	CITY, ST. ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, certify that the information supplied with this filing is verifiably true and correct and equally for the information stated in sections 190.031 and 190.032, Florida Statutes. I further certify that there has been no change in the ownership of the corporation since the filing of the last annual report 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 at the time of my appointment to serve in the capacity as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report. I am an officer or director of the corporation.

SIGNATURE: *William O. Brothers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-95 471-0909