

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 155200 (9)

1. Corporation Name

SUNSET GOLF COURSE, INC.



Principal Place of Business

Mailing Address

% TUCKER MOORE
16700 GULF BLVD.
REDINGTON BEACH FL 33708

C/O VLADEM. LERMAN, SWEENEY & COMPANY
5215 OLD ORCHARD RD STE 525
SKOKIE IL 60077
US

2. Principal Place of Business

21 % TUCKER MOORE

Suite, Apt. #, etc.

22 16400 GULF BOULEVARD

City & State

23 N. REDINGTON BEACH, FLORIDA

Zip

24 33708

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

27 City & State

Zip

29 33708

Country

30

3. Date Incorporated or Qualified
06/01/1948

3a. Date of Last Report
05/01/1995

4. FEI Number
59-0591393

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

MOORE, TUCKER
16700 GULF BLVD.
REDINGTON BEACH FL 33708

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
16400 GULF BOULEVARD

83

84 City
N. REDINGTON BEACH

FL

85 Zip Code
33708

11. Pursuant to the provisions of Sections 607.009 and 607.1508, 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 607.009, Florida Statutes.

SIGNATURE

X

X

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DP
MOORE, C. TUCKER
16700 GULF BLVD.
REDINGTON BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
MCNIEL, MARTIN
BOX 481
JAFFREY NH

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
STD
MOORE, MELISSA
16700 GULF BLVD
REDINGTON BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
16400 GULF BOULEVARD
N. REDINGTON BEACH, FLORIDA 33708

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
16400 GULF BOULEVARD
N. REDINGTON BEACH, FLORIDA 33708

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. TUCKER MOORE

X

DATE

3/4/96

ROBERT J. VLADEM, CPA

X

2/23/96

CR2E034 (12/95)