


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 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 # **750281** (8)

1. Corporation Name

THE PLAYERS CLUB ASSOCIATION, INC.

Principal Place of Business

**1401 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228**

Mailing Address

**1401 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228-3401**



3. Date Incorporated or Qualified
12/19/1979

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-2156489

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

10. Name and Address of New Registered Agent

**STICKNEY, SANDRA, C
1401 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **JOHN REDGRAVE**
STREET ADDRESS **1485 GULF OF MEX DR A308**
CITY-ST-ZIP **LONGBOAT KEY FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CHARLES GEHRIE**
STREET ADDRESS **1425 GULF OF MEXICO DRIVE, #301**
CITY-ST-ZIP **LONGBOAT KEY FL**

2.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **GOLDSMITH, DONALD**
STREET ADDRESS **1485 GULF MEXICO DR A309**
CITY-ST-ZIP **LONGBOAT KEY FL**

3.1 TITLE **Director** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **DEMERS, HELENE**
STREET ADDRESS **1425 GULF OF MEXICO DR D401**
CITY-ST-ZIP **LONGBOAT KEY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **PELLETZ, STANLEY**
STREET ADDRESS **1445 GULF OF MEXICO DR C204**
CITY-ST-ZIP **LONGBOAT KEY FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE
NAME **REED, FRED J.**
STREET ADDRESS **1485 GULF MEXICO DR A301**
CITY-ST-ZIP **LONGBOAT KEY FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 18 1997

Date

Daytime Phone # **0062659**

CR2E037 (9/96)