

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006414

**FILED**  
**Mar 12, 2021**  
**Secretary of State**  
**2681697808CC**

**Entity Name:** GERMAN-AMERICAN CLUB OF SUN CITY CENTER, INC.

**Current Principal Place of Business:**

1009 N PEBBLE BEACH BLVD  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

1009 N. PEBBLE BEACH BLVD  
SUN CITY CENTER, FL 33573-6594 US

**FEI Number:** 59-3608369

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

YOHO, JOHN  
815-B CYPRESS VILLAGE BLVD  
SUN CITY CENTER, FL 33573 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** JOHN YOHO

03/12/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ASST TREASURER  
Name RATHKE, FRED  
Address 1058 EMERALD DUNES DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR  
Name LESKOWICS, HEIDI  
Address 317 CALOOSA PALMS CT,  
City-State-Zip: SUN CITY CENTER FL 33573

Title TREASURER  
Name GULESIAN, ANN C  
Address 1215 JASMINE CREEK COURT  
City-State-Zip: SUN CITY CENTER FL 33573

Title PRESIDENT  
Name BUERKLE, PAUL  
Address 824 KING LEON WAY  
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR  
Name RATHKE, SUZY  
Address 1058 EMERALD DUNES DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR  
Name BUERKLE, MANUELA  
Address 824 KING LEON WAY  
City-State-Zip: SUN CITY CENTER FL 33573

Title SECRETARY  
Name BUSKIRK, JUDY  
Address 2002 N. PEBBLE BEACH BLVD  
City-State-Zip: SUN CITY CENTER FL 33573

Title VP  
Name BUSKIRK, CHUCK  
Address 2002 N PEBBLE BEACH BLVD  
City-State-Zip: SUN CITY CENTER FL 33573

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANN C GULESIAN

TREASURER

03/12/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           CROOKS, LEONARD  
Address        2320 DEL WEBB BLVD W  
City-State-Zip: SUN CITY CENTER FL 33573

Title           DIRECTOR  
Name           THOMAS, KATHY  
Address        2320 DEL WEBB BLVD W  
City-State-Zip: SUN CITY CENTER FL 33573