

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000111958

**Entity Name:** CLUB CAPITAL MANAGEMENT, INC

**Current Principal Place of Business:**

116 N. PINELLAS AVENUE  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

116 N. PINELLAS AVENUE  
TARPON SPRINGS, FL 34689

**FEI Number: 37-1451503**

**Certificate of Status Desired: No**

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

HOLTZCLAW, KRISTA A  
116 N. PINELLAS AVENUE  
TARPON SPRINGS, FL 34689 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name HOLTZCLAW, KRISTA A  
Address 116 N. PINELLAS AVENUE  
City-State-Zip: TARPON SPRINGS FL 34689

Title STD  
Name HUBBS, A. PERRY III  
Address 116 N. PINELLAS AVENUE  
City-State-Zip: TARPON SPRINGS FL 34689

Title D  
Name HOLTZCLAW, DARIUS  
Address 116 N. PINELLAS AVENUE  
City-State-Zip: TARPON SPRINGS FL 34689

Title D  
Name HUBBS, PATRICE S  
Address 116 N. PINELLAS AVENUE  
City-State-Zip: TARPON SPRINGS FL 34689

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KRISTA A, HOLTZCLAW**

**PRESIDENT**

**04/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date