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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

SIGNATURE;

101

SUNRISE SARASOTA GOLF CLUB, INC.  Principal Place of Business  Mailing Address									
9 WEST 9TH 1 PO BOX 1379	STREET	9 WEST 9TH STREET PO BOX 1379							
TULSA OK 74	101-1379	TULSA OK 74101-1379	9			3. Date Incorporated or Qualified	3a Dat	e of Last Re	oort.
US		US	US			08/01/1951		5/01/1995	
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number		<b>├</b>	Applied For
1		26				59-0657554			Not Applicable
Suite, Apt. #,	. etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		7	Additional Required
City & State		City & State				6. Election Campaign Financing		\$5.0	May Be
3		28				Trust Fund Contribution		Adde	to Fees
Zip	Country	Ζιρ	Coun	itry		8. This corporation has liability for	intangible t : 🔲 No	ax under s	199.032,
<u> </u>	25 9. Name and Address of Currer	29 Agent	30			Florida Statutes X Yes  10. Name and Address of New F		Apent	
	9, Name and Address of Corre	it riegistereo Agent		81	Name	10. Ruine and Address er team.			
MOORE, TUCKER			-	82	Ctropt Addr	ess (P.O. Box Number is Not Acceptable)			
	ULF BLVD.		ľ	02	Sileet Addi	paress (i.e., box remover is not recognisity)			
	GTON BCH FL 33708		[ '	83					
			1	84	City		FL	85 Zı	Code
or registere familiar with SIGNATURE	d agent, or both, in the State of Flor , and accept the obligations of, Sec agresse types or privid name of registered ages	da, Such change was authorition 607,0505, Florida Statute	zed by the co s. O't Roysland (	orpc	oration's boai	ation submits this statement for the purid of directors. Thereby accept the applications is stating.	DATE	s registered	agent. Fam
12.		ID DIRECTORS	13.	!	<u>-</u>	ADDITIONS CHANGES TO OFF		Change	Addition
TITLE NAME	PST Moore, C T	בן גענית		1.2 NAME				C. Ondariga.	
STREET ADDRESS	16700 GULF BLVD				ADDRESS				
CITY-ST-ZIP	N REDINGTON BEACH FL 3	3708	1.4.011	Y-SI	1 - 20F				
HTLE	VD	☐ DELETE	2 1 111	l <b>L</b> E				Change	☐ Add-tion
NAME	CARTWRIGHT, MARY K		2 2 NA						
STREET ADDRESS	5309 E PALOMINO RD				ADDRESS				
CITY-ST-ZIP CITLE	PHOENIX AZ 85018 VD	DELETE	24 C/T 3 1 Jil		r - ZIP			Change	Addition
IAME	MOORE, MELISSA A		3 2 NA						
TREET ADDRESS	16700 GULF BLVD		3.3 SI	REFT	ADDRESS				
DITY-ST-ZIP	N REDINGTON BEACH FL 3	3708	3.4 Ci	¥ - ST	r - 719				
itLE	V	☐ DELFTE	4 1 Ti	TLF	İ			□ Change	norlibbA 🔲
NAME	MOHR, B A		4.2 NA						
STREET ADDRESS	P.O. BOX 1724 N/A				ADDRESS				
CITY - ST - ZIP	ST PETERSBURG FL 33731	DELETE	4.4 CIT 5.1 TI		1 - ZIP			Change	Addition
TITLE NAME		□ btteit	5 2 NA		]				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5401		1				
TILE		DELETE	6 1 TI	ILF				☐ Change	Addition
IAMÉ			6.2 NA	ME					
STREET ADDRESS			6351	1336	ADDRESS				
CITY - ST - ZIP			6.4 C)1	[Y-S]	T - ZIF		107/01/11	Indian Otto	ioo 16 -41
certify that oath; that I	the information indicated on this and	iual report or supplemental an oration or the receiver or trust	nual réport is ée empower	s tru	ie and accura	for the exemption stated in Section 118 ate and that my signature shall have the is report as required by Chapter 607, F	e same lega	ai eneçt as i	r made unde

Daytin e Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR