## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # 165978

(8)

SUNRISE SARASOTA GOLF CLUB, INC.

FILED						
May 02 1997 8:00am						
Secretary of State						

Principal Place	e of Business	Mailing Address				
9 WEST 9TH STREET PO BOX 1379 TULSA OK 74101-1379		9 WEST 9TH STREET PO BOX 1379 TULSA OK 74101-1378				
US		US		3. Date Incorporated or Qualified 08/01/1951	3a. Date of Last Report 05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address	···	4. FEI Number	Applied For	
21		26		59-0657554	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State	9	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	<b>28</b>	Country	8. This corporation has liability for		
24	25	29	30		Yes No	
=:1	9. Name and Address of Currer			10. Name and Address of New Re	gistered Agent	
MOC	DRE, TUCKER		81 Name			
	00 GULF BLVD.		82 Street	Address (P.O. Box Number is Not Acceptal	ole)	
N RI	EDINGTON BCH FL 33708		83	5 Bath Club Boules	iard North	
1			63			
			84 City	Ha Dodinatora Reach	El 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statut	les, the above-named	corporation sulprints this statement for the	ourpose of changing its registered	
11. Pursuant to the provisions of Sections 607.05.02 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 607.0505, Florida Statutes.						
SIGNATURE						
SIGNATORE	Signature, typed or printed name of registered ago	ent and title if applicable (NO)	If Registered Agent signature		DATE	
12.	OFFICERS AN		18.	ADDITIONS/CHANGES TO OFFICE		
TITLE	PST Moore, C T	☐ DELETE	1.1 TITLE 1.2 NAMI		Change Addition	
NAME STREET ADDRESS	16700 GULF BLVD		1.8 STREET ADDRESS	173 Bath Club Bour	levard North	
CITY-ST-ZIP	N REDINGTON BEACH FL 337	DB	1.4 CITY-S1-ZIP	North Redinaton Bear	h . EL 22238	
TITLE	VD	DELETE	2.1 TILLE	North Redington Beac.	☐ Change ☐ Addition	
NAME	CARTWRIGHT, MARY K		2.P NAME			
STREET ADDRESS	5309 E PALOMINO RD		2.8 STREET ADDRESS			
CITY-ST-ZIP	PHOENIX AZ 85018		2, 4 CITY - S1 - ZIP			
TITLE	VD	☐ DELETE	3.4 101.6		☐ <del>Oha</del> nge ☐ Addition	
NAME	MOORE, MELISSA A		3.P NAME	173 Bath Club Boul	larged Novth	
STREET ADDRESS	16700 GULF BLVD   N REDINGTON BEACH FL 337	'ng	3.8 STREET ADDRESS	No the Reding his Re	1/4 Fl. 33720	
CITY-ST-ZIP TITLE	V REDINGTON BEACH PC 337	DELETE	3.4. CITY - ST - ZIP 4.4. THLE	No 1th Redington Bed	etrange Addition	
NAME	MOHR, B A		4. 2 NAME		_ , _	
STREET ADDRESS			4.B STREET ADDRESS	99 Tudor Place	10	
CITY-ST-ZIP	ST PETERSBURG FL 33731		4,4 City - St - 7IP	Kenilworth, IL 60	0043	
TITLE		☐ DELFTE	5 1 TITLE		Change Addition	
NAME			5 2 NAME			
STREET ADDRESS			5 B STREET ADDRESS			
CITY-ST-ZIP		DELETE	54 CITY-ST-ZIP		Change Addition	
TITLE		□ ptreat	61 THTLE 612 NAME		E cualific E vacilion	
NAME STREET ADDRESS			613 STREET ADDRESS			
CITY-ST-ZIP			6.4 CUTY-S1-ZIP			
14. I do here			lify for the exemption s	I stated in Section 119.07(3)(i), Florida Statuti		
I am an c	on indicated on this annual report or a fficer or director of the corporation o	r the receiver or trustee empor	were execute this i	f that my signature shall have the same leg report as required by Chapter 607, Florida	arenect as it made under oath; that Statutes; and that my name	
appears in Block 12 or Block 13 if changed, or on an attachment with an addre						