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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

519626

(6)

BAYHEAD RACKET CLUB, INC.

Principal Place of Business

Mailing Address



116 E CRYSTAL LAKE BLVD 116 E CRYSTAL LAKE AV LAKE MARY FL 32746 LAKE MARY FL 32746 US US						3. Date Incorporated or Qualified 12/03/1976	3a. Date of Last Report 04/28/1995			
Dringinal Plac	ce of Business	2a. Mailing Ac	Idress			4. FEI Number	<del></del>	Applied For		
	Se of Education	26			_	59-1709738		Not Applicable		
Suite, Apt. #,	, etc.	Suite, Apt	#, etc.			5. Certificate of Status Desired	<u> </u>	8.75 Additional Fee Required		
City & State		City & Sta	te			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
3	Country	Zip	30	Country		8. This corporation has liability for in Florida Statutes Yes	ntangible tax un No	iders 199.032,		
4	25 9. Name and Address of Currer					10. Name and Address of New Registered Agent				
	5. Hamo and Modern		-	81	Name					
401 LA	T WAYNE E. KE BLVD. IRD FL 32771			82 83	Street Add	dress (P.O. Box Number is Not Acceptab	le)			
-				84	City		FLI	Zip Code		
	o the provisions of Sections 607.050; ed agent, or both, in the State of Flor h, and accept the obligations of, Sec			above r	named corpo oration's bo	oration submits this statement for the pur ard of directors. I hereby accept the appr	rpose of changir ointment as reg	ng its registered office istered agent. I am		
SIGNATURE _	Signature, typed or printed name of registered agen	nt and title if applicable	(NOTE: Flegis	stered Ager	nt signature requir	red when reinstating)	DATE			
12.		ND DIRECTORS	T	13.		ADDITIONS/CHANGES TO OFF				
TITLE	D		DELETE	1. 1 TITLE				Change 🔲 Addition		
NAME	JONES, GERALD W			1.2 NAME						
STREET ADDRESS	3501 S SANFORD AVE		- 1	1.3 STREET	ADDRESS					

SANFORD FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2. 1 TITLE TITLE MCNEILL, DAVID R 22 NAME RT 1 BOX 224-B 23 STREET ADDRESS STREET ADDRESS SANFORD FL 24 CITY - ST-ZIP CITY-ST-ZIP ■ Addition Change DELETE 3. 1 TITLE TITLE 3.2 NAME HOLT, NEWELL L 33. STREET ADDRESS 110 ALDEAN DRIVE STREET ADDRESS SANFORD FL 3.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 4. 1 TITLE TITLE ALBERT, WAYNE E 4.2 NAME **401 LAKE BLVD** 4 3 STREET ADDRESS STREET ADDRESS SANFORD FL 4.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5. 1 TITLE TITLE REAGAN, DONALD T 5.2 NAME P.O. BOX 156,NA 5.3 STREET ADDRESS STREET ADDRESS LAKE MARY FL 5 4 CITY - S1 - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes for on an attachment with an address.

SIGNATURE:

CR2E034 (12/95)