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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 647383

THE JOHN CARROLL CLUB AT PELICAN BAY GOLF SHOP.

FILED Apr 13 1998 8:00am Secretary of State



(941)

7-2561

2/31/98

Principal Place of Business Mailing Address 707 GULF PARK DR 707 GULF PARK DR NAPLES FL 33963-5299 NAPLES FL 33963-5299 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/06/1979 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-1958948 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zin Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. X Yes ☐ No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registored 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 Signature, typicd or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE CARROLL, JOHN 1.2 NAME NAME 150 CARIBBEAN ROAD STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE CARROLL, CONSTANCE M. 2.2 NAME NAME 150 CARIBBEAN ROAD STREET ADDRESS 2.3 STREET ADDRESS Naples fl CITY - ST - ZIP 2 4 CITY - S1 - ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHTY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 changon, or in an attachment with an address.