FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 25 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713053 (7)

1. Corporation Name
HIGH TWELVE CLUB OF ANNA MARIA ISLAND, INC.

Principal Place of Business	Mailing Address
401 72ND ST. HOLMES BCH. FL 34217 US	401 72ND ST. HOLMES BCH. FL 34217-1106 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1967
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-2298541 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BARBOUR, T.J.
401 72ND ST.
HOLMES BEACH FL 34217

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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: T.J. BARBOUR, SEC-TREAS T J Barbour DATE: 01/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CIANFAGLIONE, CHESTER H.	1.2 NAME	
STREET ADDRESS	4904 CORAL BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ARMSTRONG, ROBERT A.	2.2 NAME	
STREET ADDRESS	507 77TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ASHBURN, WILLARD M.	3.2 NAME	
STREET ADDRESS	4528 BIMINI DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	BARBOUR, THERON J.	4.2 NAME	
STREET ADDRESS	401 72ND ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BCH. FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	REDFIELD, HAROLD	5.2 NAME	
STREET ADDRESS	3901 71ST ST., W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T. J. BARBOUR T J Barbour 01/16/95 813/778-3519
SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OF DIRECTOR OR OFFICER — Date — Daytime Phone #

000707