


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

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



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/11/1967

3a. Date of Last Report

01/25/1996

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.1503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | D                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | CIANFAGLIONE, CHESTER H. |  |
| STREET ADDRESS | 4509 MT. VERNON DRIVE    |  |
| CITY-ST-ZIP    | BRADENTON FL             |  |

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | D                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | ARMSTRONG, ROBERT A. |  |
| STREET ADDRESS | 507 77TH ST          |  |
| CITY-ST-ZIP    | HOLMES BEACH FL      |  |

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | D                   | <input type="checkbox"/> DELETE |
| NAME           | ASHBURN, WILLARD M. |                                 |
| STREET ADDRESS | 4528 BIMINI DR.     |                                 |
| CITY-ST-ZIP    | BRADENTON FL        |                                 |

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | <del>SECRETARY</del> | <input checked="" type="checkbox"/> DELETE |
| NAME           | BARBOUR, THERON J.   |  |
| STREET ADDRESS | 401 72ND ST.         |  |
| CITY-ST-ZIP    | HOLMES BCH. FL       |  |

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | D                 | <input type="checkbox"/> DELETE |
| NAME           | REDFIELD, HAROLD  |                                 |
| STREET ADDRESS | 3901 71ST ST., W. |                                 |
| CITY-ST-ZIP    | BRADENTON FL      |                                 |

|                |                                      |                                 |
|----------------|--------------------------------------|---------------------------------|
| TITLE          | <del>JOSEPH CAMPOMOR</del>           | <input type="checkbox"/> DELETE |
| NAME           | <del>PO BOX 596-209 OAK AVENUE</del> |                                 |
| STREET ADDRESS | <del>ANNA MARIA, FL 34216</del>      |                                 |
| CITY-ST-ZIP    |                                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                       |  |
|--------------------|-----------------------|--|
| 1.1 TITLE          | SEC.                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | RICHARD ART.          |  |
| 1.3 STREET ADDRESS | 605 IVANHOE LANE      |  |
| 1.4 CITY-ST-ZIP    | HOLMES BEACH FL 34217 |  |

|                    |                          |  |
|--------------------|--------------------------|--|
| 2.1 TITLE          | D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | JOSEPH CAMPOMOR          |  |
| 2.3 STREET ADDRESS | 209 OAK AVENUE, BOX #596 |  |
| 2.4 CITY-ST-ZIP    | ANNA MARIA, FL 34216     |  |

|                    |                             |  |
|--------------------|-----------------------------|--|
| 3.1 TITLE          | PRES.                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | THERON J. BARBOUR           |  |
| 3.3 STREET ADDRESS | 401 72ND ST.                |  |
| 3.4 CITY-ST-ZIP    | HOLMES BEACH, FL 34217-1106 |  |

|                    |  |   |
|--------------------|--|---|
| 4.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |   |
| 4.3 STREET ADDRESS |  |   |
| 4.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 5.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |  |   |
| 5.3 STREET ADDRESS |  |   |
| 5.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 6.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |  |   |
| 6.3 STREET ADDRESS |  |   |
| 6.4 CITY-ST-ZIP    |  |   |

14. I do 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 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 04/21/97 941-778 359

CR2E037 (9/96)



**HIGH TWELVE CLUB #357**  
**OF**  
**ANNA MARIA ISLAND, INC.**  
**FLORIDA**

401d St.  
Holmes Beach  
FL 34217-1106

Annual Reports Section  
Division of Corporations  
POB 6327  
Tallahassee, FL 32314

Attn: Sandra B. Mortham  
Secretary of State

Subject: High Twelve Club #357 of Anna Maria Island, Inc., FL  
Reference No. 713053; Letter No. 297A00020192

It seems a shame to bring such a trivial matter to your attention but after getting this form and attachments for the second time something positive must be done.

If the person who receives it will read this letter and attached information carefully, you will note the following three (3) directors are listed in blocks 12 & 13, as requested.

1. D Ashburn, Willard M.  
4528 Bimini Drive  
Bradenton, FL
2. D Redfield, Harold  
3801-71st St.  
Bradenton, FL
2. D Campoamor, Joseph  
200 Oak Ave.  
Anna Maria, FL

If this not clear enough, we're all in big, big, big trouble.

Sincerely,

Theron J. Barbour  
President

TJB/rmb

Encl: Document #713053, chk #1058, & letter  
cc: file