DOCUMENT # 713053  1. Entity Name HIGH TWELVE CLUB OF ANNA MARIA ISLAND, INC.							FILED Jan 13, 2001 8:00 am Secretary of State					
Principal Plac	e of Business		Mailing Address					01-13-2001 9	-			
3809 LAKE BA			3809 LAKE BAYSHORE DR									
\$501			H501 BRADENTON FL 34205-5117									
BRADENTON FL 34205-5117 US			US				 			1 <b>8 18 1</b> 8 <b>8</b> 6	III BEDIS IDDI	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number 59-2298541 Applied For Not Applicable					}	
Zip Country			Zip Country				5. Certificate of Status Desired \$8.75 Additional Fee Required					1.
6. Name and Address of Current R							7. Name and Address of New Registered Agent					
			Name									1
BARBOUF		RE DR	Street Address			P.O. Box Numbe	r is Not Acceptable)					
3809 LAKE BAYSHORE DR H501												
BRADENTON FL 34205				City	City				Zip Code			
8. The above named entity submits this statement for the purpose of cha				gister	ed office or	register	ed agent, or both	n, in the state of Florida.	•			1
SIGNATURE _	Signature, typed  FILE   FEE IS		d title if applicable. (NOTE: F  9. Election Campaign F  Trust Fund Contribut	inanci		\$5.0	when reinstating)  O May Be	Make Ch	DATE  neck Paya			
10		OFFICERS AND DIRE	CTOPS	11.			ADDITIONS/CHA	ANGES TO OFFICERS A	ND DIRECT	ORS IN	10	{
10.	D	OFFICENS AND DIRE	Delete	TITLE	:	P	ADDITIONO/OTIZ	NACES TO OF TOCKOOK		Change	Addition	Įξ
NAME		CHESTER J		E	COVELL, DOUGLAS A.					(10/00		
STREET ADDRESS	4013 37T			ET ADDRESS -ST-ZIP	ADDRESS 641 KEY ROYALE DRIVE					F037		
CITY-ST-ZIP	DRADENI	ON FL 34205		TITLE		HOL	MES BEAG	CH, FLORIDA	34217	hange	Addition	18
TITLE NAME	ASHBUR	I, WILLARD M.	☐ Delete	NAM					٠ ـــ	mango		0
STREET ADDRESS		H AVE CIRCLE S	ر حسر ر الم		et address					<del>-</del>	21 .	
CITY-ST-ZIP		ON FL 34203		4—	-ST-ZIP					Change	Addition	$\frac{1}{2}$
TITLE NAME	I S RARROLL	R, THERON J.	☐ Delete	Titul Nam					П	nange	☐ Addition	
STREET ADDRESS		E BAYSHORE DR			ET ADDRESS							
CITY-ST-ZIP		ON FL 34205-5117		CITY	-ST-ZIP							-
TITLE	d Art, Rich	1VDU	☐ Delete	TITL! NAM	1					Change	☐ Addition	{
NAME STREET ADDRESS		HOE LANE			ET ADDRESS							
CITY-ST-ZIP		BCH. FL 34217-1236		CITY	-ST-ZIP							}
TITLE	P	DADDEL // DEVE	Delete	TITLE	ſ					Change	☐ Addition	
NAME STREET ADDRESS		DARREL K DEKE ST CIRCLE W		NAM STRE	ET ADDRESS							
CITY-ST-ZIP		ON FL 34207			-ST-ZIP							
TITLE	,		☐ Delete	TITLE	:					Change	☐ Addition	
NAME				NAM	E Et address							
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with a hother like empowered.												
SIGNATURE: The DATE OF PARTIED NAME OF SIGNING OFFICER OF DIRECTOR Date Destine Phone #												