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

APPROVED AND FILED

95 MAR -2 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720540 (4)

1. Corporation Name

CLUB 15, INC.

Principal Place of Business	Mailing Address
P.O. BOX 10735 TAMPA FL 33679	P.O. BOX 10735 TAMPA FL 33679

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1971
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-1863149 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COURET, IRMINA C 3901 EMPEDRADO ST TAMPA FL 33629	81 Name: Huber, Malena V. 82 Street Address (P.O. Box Number is Not Acceptable): 11405 Whispering Hollow Dr. 83 84 City: Tampa FL 85 Zip Code: 33635

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 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: Malena V. Huber — 2/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	P/D ☐ Change ☐ Addition
NAME	ELSA PARDO	1.2 NAME	Mirta Cura
STREET ADDRESS	15203 PONDSWOODS DR., W.	1.3 STREET ADDRESS	3103 W. Burke
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, Fl. 33614
TITLE	SD	2.1 TITLE	V ☐ Change ☐ Addition
NAME	COURET, IRMINA C	2.2 NAME	Cristina Smith
STREET ADDRESS	3901 EMPEDRADO ST	2.3 STREET ADDRESS	11310 Orange Grove Ct.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, Fl. 33618
TITLE	PD	3.1 TITLE	S/D ☐ Change ☐ Addition
NAME	LUISA M. CISNEROS	3.2 NAME	Malena V. Huber
STREET ADDRESS	4918 LYFORD CAY ROAD	3.3 STREET ADDRESS	11405 Whispering Hollow Dr.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, Fl. 33635
TITLE	TD	4.1 TITLE	T/D ☐ Change ☐ Addition
NAME	OFELIA TOMAS	4.2 NAME	Hilda Rosa Geerken
STREET ADDRESS	6609N. HALE	4.3 STREET ADDRESS	86 Martinique Ave.
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, Fl. 33606
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 an an attachment with an address.

SIGNATURE: Mirtha Cura — Feb. 3, 1995 — 813/874-2936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068003