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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:17

DOCUMENT # 727646 (2)

1. Corporation Name
SCOTS AMERICAN CLUB, INC.

Principal Place of Business	Mailing Address
12104 N.W. 33RD ST. CORAL SPGS. FL 33065 US	12104 N.W. 33RD ST. CORAL SPGS. FL 33065 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1973
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-2397058 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 12465 SW 7PL
22: Suite, Apt. #, etc.
23: City & State: DAVIE FA
24: Zip: 33325
25: Country: US

2a. Mailing Address
26: same
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

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

9. Name and Address of Current Registered Agent

HISLOP, KENNETH
12104 N.W. 33RD STREET
CORAL SPGS. FL 33065

10. Name and Address of New Registered Agent

81 Name: Newlands Kim
82 Street Address (P.O. Box Number is Not Acceptable): Ste 12465 SW 7PL
83:
84 City: DAVIE FL **FL** 85 Zip Code: 33325

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: Kimberly Newlands
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	D	11 TITLE		☐ Change ☐ Addition
NAME	COLLINS, GLADYS	12 NAME	Collins, Gladys	
STREET ADDRESS	137 NE 115 TERR	13 STREET ADDRESS	137 NE 115 Terr	
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	Plantation FL	
TITLE	T	21 TITLE	T	☒ Change ☐ Addition
NAME	HISLOP, KENNETH	22 NAME	Newlands, Kim	
STREET ADDRESS	12104 NW 33RD STREET	23 STREET ADDRESS	12465 SW 7PL	
CITY-ST-ZIP	CORAL SPGS. FL	24 CITY-ST-ZIP	DAVIE FL 33325	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	SEATON, THOMAS	32 NAME	LINDSAY, Margaret	
STREET ADDRESS	10530 NW 21ST CT.	33 STREET ADDRESS	10530 NW 21 Ct	
CITY-ST-ZIP	SUNRISE FL	34 CITY-ST-ZIP	Sunrise FL 33322	
TITLE	DV	41 TITLE	DV	☒ Change ☐ Addition
NAME	NEWLANDS, KATHERINE	42 NAME	Carr, Colleen	
STREET ADDRESS	1736 N.E. 28TH DR.	43 STREET ADDRESS	461 NW 87 Ln # 302	
CITY-ST-ZIP	WILTON MANORS FL	44 CITY-ST-ZIP	Plantation FL 33324	
TITLE	S	51 TITLE	S	☒ Change ☐ Addition
NAME	PORRECA, KENNY	52 NAME	Weir, Morag	
STREET ADDRESS	7319 LANTANA RD.	53 STREET ADDRESS	6830 SW 5th St	
CITY-ST-ZIP	LAKE WORTH FL	54 CITY-ST-ZIP	Margate FL 33068	
TITLE	P	61 TITLE	P	☒ Change ☐ Addition
NAME	RHODES, JUD	62 NAME	Newlands, Katherine	
STREET ADDRESS	4865 N.W. 6TH STREET	63 STREET ADDRESS	1736 NE 28 DR	
CITY-ST-ZIP	PLANTATION FL	64 CITY-ST-ZIP	Wilton Manors	

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)(k), 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: Kim Newlands 3/31/95 305 4769532
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0040174