FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

733942

(7)

AUBURN CLUB OF WEST FLORIDA, INC.

Principal Place of Business Mailing Address				L IMBILIA ANNAN TATAN MATAL MATAL MATAL MATAL	HIJO DIDAT DIDILI T il	IH WHUH DI			
P.O. BOX 468 PENSACOLA FL 32592	P.O. BOX 468 PENSACOLA FL 32592-0488 US								
US	US				3. Date Incorporated or Qualified 09/29/1975	3a. Date of 04/	Last Re 03/19		
2. Principal Place of Business	2a. Mailing Address				4. FEI Number			plied For	
21	Cuito Ant # oto				59-1624353			t Applicable	
Suite, Apt #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ 2	B./D A Fee Re	Additional outred	
City & State	City & State				6. Election Campaign Financing	9	5.00		
23	28			-	Trust Fund Contribution	·—·	Added to		
Zip Country	Zip	Country	/		8. This corporation has liability for i			199.032,	
24 25		10				Yes 🔼 No			
9. Name and Address of Current	Registered Agent	81	Name		10. Name and Address of New Re	gistered Ager	ıt		
ment popent i									
BENZ, ROBERT A. 25 W CEDARS ST		B2	Street	t Address	(P.O. Box Number is Not Acceptab	le)			
PENSACOLA FL 32952		83				·····	. ,		
PENONOUNTE SESSE		0.0	Circ		; 		7:	Pode.	
		84	City			FL 65	Zip C	>00e	
11. Pursuant to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the abov	e-name	d corpore	ation submits this statement for the p	urpose of cha	nging its	s registered	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga	tions of, Section 617.0503, Flori	ida Statute	S.	poration	s board of directors, it necessary acces	or the abbonia	Herric as	i e Sistered	
SIGNATURE									
Signature, typed or printed name of registered agen 12. OFFICERS AND		Registered Age	ulangia Ine	ure required w	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	ECTOR	S INL 12	
TITLE VPD	DELETE	1.1 TITLE		DAC	SILVENT\		Change	Addition	
NAME DAVIS, ARTIE			1.2 NAME MC		- /	/ _	·		
STREET ADDRESS 204 CAMELIA ST			T ADDRESS		No. W. ST:	1			
CITY-ST-ZIP GULF BREEZE FL 32561				PHN		6867			
TITLE P/D	☐ DELETE 2.1			TRE	ASURER, DIRECTOR		Change	Addition	
NAME MCCOY, RAY	· · · · · · · · · · · · · · · · · · ·		22 NAME PE		IVY, DIANE				
STREET ADDRESS 1001 1/2 N.U. ST			23 STREET ADDRESS		EAVY DIANE 6 LESTARBOARD DR				
CITY-ST-ZIP PENSACOLA FL 32505-6857				P PENSACOLA BEACH, FL. 32561			I I MADE		
· · · · · · · · · · · · · · · · · · ·	DELETE 3.1				·	L.J	Unange	☐ Addition	
	MICCOL, INT.		3.2 NAME						
			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP						
TITLE VPO	DELETE 4.1		OI - EIF	+			Change	Addition	
1	PEAVY, VAN								
STREET ADDRESS 226 LESTARBOARD DR		4.3 STREE	T ADDRESS	s	,				
CHTY-ST-ZIP PENSACOLA BEACH FL 3256		4.4 CITY-1	ST-ZIP						
TITLE SD	☐ DELETE	5.1 TITLE					Change	Addition	
NAME SYNCO, CONNIE		5.2 NAME							
STREET ADDRESS 4614 MARSEILLE DR			T ADDRESS	\$					
CITY-ST-ZIP PENSACOLA FL 32505	DELETE	5.4 CITY - 3	ST-ZIP	-			Change	Addition	
TITLE S NAME PEAVY, DIANE	AND OFFICE	6.1 TITLE 6.2 NAME				.	AHENÎC		
STREET ADDRESS 226 LE STARBOARD DR			t address	s					
CITY-ST-ZIP PENSACOLA FL		6.4 CITY-1		-					
14. I do hereby certify that the information supplied	with this filing does not qualify	for the exe	emption	stated in	Section 119.07(3)(i), Florida Statute	s. I further cer	tify that	the	
information indicated on this annual report or si I am an officer or director of the corporation or appears in Block 12 or Block 13 if changed, or	the receiver or trustee empower	red to exec	urate an cute this	no that my s report a:	y signature shall have the same lega s required by Chapter 617, Florida S	ii errect as if m itatutes; and th	ade und nat my n	per oath; that iame	

FILED

Jan 22 1997 8:00am

Secretary of State