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**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90183 025 \*\*\*\*61.25

0060298

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 733942**

1. Corporation Name

**AUBURN CLUB OF WEST FLORIDA, INC.**

Principal Place of Business

P.O. BOX 468  
PENSACOLA FL 32592  
US

Mailing Address

P.O. BOX 468  
PENSACOLA FL 32592  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/29/1975

4. FEI Number

59-1624353

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

9. Name and Address of Current Registered Agent

**BENZ, ROBERT A.**  
**25 W CEDARS ST**  
**PENSACOLA FL 32952**

10. Name and Address of New Registered Agent

81 Name

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

1823 N 9th Ave

83

84 City Pensacola

FL

85 Zip Code

32503

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 617.0503, 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 PD  
NAME PEAVY, VAN  
STREET ADDRESS 226 LE STARBOARD DR  
CITY-ST-ZIP PENSACOLA FL 32561 ☒ DELETE

TITLE TD  
NAME PEAVY, DIANE  
STREET ADDRESS 226 LESTARBOARD DR.  
CITY-ST-ZIP PENSACOLA FL 32561 ☒ DELETE

TITLE VPD  
NAME DELL, LYNN  
STREET ADDRESS 4370 DEVEREUX DR  
CITY-ST-ZIP PENSACOLA FL 32504 ☐ DELETE

TITLE SD  
NAME SYNCO, CONNIE  
STREET ADDRESS 4616 MARSEILLE DR  
CITY-ST-ZIP PENSACOLA FL 32505 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME DAVIS, WAYNE  
1.3 STREET ADDRESS 1911 EAST MALLORY ST  
1.4 CITY-ST-ZIP PENSACOLA, FL 32503

2.1 TITLE TD ☒ Change ☐ Addition  
2.2 NAME WRIGHT, BRIAN  
2.3 STREET ADDRESS 2754 Villa Woods  
2.4 CITY-ST-ZIP GULF BREEZE, FL 32561

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE SD ☒ Change ☐ Addition  
4.2 NAME DAVIS, HAYDEN  
4.3 STREET ADDRESS 1911 E MALLORY ST  
4.4 CITY-ST-ZIP PENSACOLA, FL 32503

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-99 850 436 7656

CR2E037 (11/98)