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Feb 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760156 (0)

1. Corporation Name

CENTURY 21 SOCIAL AND SPORTS CLUB INC.



Principal Place of Business

Mailing Address

%ROBERT B. BURANDT
P. O. BOX 535
CAPE CORAL FL

%ROBERT B. BURANDT
P. O. BOX 535
CAPE CORAL FL 33910-0535

3. Date Incorporated or Qualified
09/23/1981

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLE

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

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

BURANDT, ROBERT
1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

81 Name

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

83

84 City

FL 85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LOUDA, MYRON W
STREET ADDRESS 347 APOLLO DRIVE
CITY-ST-ZIP FT. MYERS FL

1.1 TITLE PD
1.2 NAME TIERNEY, EDWARD
1.3 STREET ADDRESS 532 MARS DR.
1.4 CITY-ST-ZIP FT. MYERS, FL. 33908

TITLE VPD
NAME DOLEZAL, ROBERT
STREET ADDRESS 420 MERCURY WAY
CITY-ST-ZIP FT. MYERS FL

2.1 TITLE 1ST.VP.
2.2 NAME HETZEL, STELLA
2.3 STREET ADDRESS 352 APOLLO DR.
2.4 CITY-ST-ZIP FT. MYERS, FL. 33908

TITLE VPD
NAME LUDWIG, BETTY
STREET ADDRESS 417 MERCURY WAY
CITY-ST-ZIP FT. MYERS FL

3.1 TITLE 2ND. VP
3.2 NAME GEABES, JOAN
3.3 STREET ADDRESS 599 GEMINI CT.
3.4 CITY-ST-ZIP FT. MYERS, FL. 33908

TITLE SD
NAME PORTER, MARY JANE
STREET ADDRESS 361 APOLLO DRIVE
CITY-ST-ZIP FT. MYERS FL

4.1 TITLE SD
4.2 NAME ROGERS, MARGIE
4.3 STREET ADDRESS 637 GEMINI CT.
4.4 CITY-ST-ZIP FT. MYERS, FL. 33908

TITLE TD
NAME EASLICK, GRACE
STREET ADDRESS 530 MARS DRIVE
CITY-ST-ZIP FT MYERS FL

5.1 TITLE TD
5.2 NAME EASLICK, GRACE
5.3 STREET ADDRESS 530 MARS DR.
5.4 CITY-ST-ZIP FT. MYERS, FL. 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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.

SIGNATURE:

EDWARD TIERNEY, EDWARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066454

CR2E037 (9/96)