

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760156** (0)
1. Corporation Name
CENTURY 21 SOCIAL AND SPORTS CLUB INC.



Principal Place of Business *ROBERT B. BURANDT P. O. BOX 535 CAPE CORAL FL	Mailing Address *ROBERT B. BURANDT P. O. BOX 535 CAPE CORAL FL
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3. Date Incorporated or Qualified 09/23/1981	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent BURANDT, ROBERT 1714 CAPE CORAL PARKWAY CAPE CORAL FL 33904	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0602 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	LOUDA, MYRON W
STREET ADDRESS	347 APOLLO DRIVE
CITY-ST-ZIP	FT. MYERS FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	DOLEZAL, ROBERT
STREET ADDRESS	420 MERCURY WAY
CITY-ST-ZIP	FT. MYERS FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	LUDWIG, BETTY
STREET ADDRESS	417 MERCURY WAY
CITY-ST-ZIP	FT. MYERS FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	PORTER, MARY JANE
STREET ADDRESS	381 APOLLO DRIVE
CITY-ST-ZIP	FT. MYERS FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	EASLICK, GRACE
STREET ADDRESS	530 MARS DRIVE
CITY-ST-ZIP	FT MYERS FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	ROGERS, MARGIE
STREET ADDRESS	637 GEMINI CT
CITY-ST-ZIP	FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joseph C. LaValley
1.3 STREET ADDRESS	394 Lunar Dr
1.4 CITY-ST-ZIP	Ft. Myers, FL 33908
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joan Geabes
2.3 STREET ADDRESS	599 Gemini Ct
2.4 CITY-ST-ZIP	Ft. Myers, FL 33908
3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William Sutton
3.3 STREET ADDRESS	409 Mercury Way
3.4 CITY-ST-ZIP	Ft. Myers, FL 33908
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EASLICK, GRACE
5.3 STREET ADDRESS	530 MARS DRIVE
5.4 CITY-ST-ZIP	FT. MYERS FL.
6.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROGERS MARGIE
6.3 STREET ADDRESS	637 GEMINI CT
6.4 CITY-ST-ZIP	Ft. Myers FL.

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.

CR2E037 (10/97)