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**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT (

Sandra B. Morth Secretary of State NTE

DIVISION OF CORPORA

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CLUB SHARE, INC.

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| % R. WENDELL SPRAGINS   |  |  |  |
|---|--|--|--|
| % R. WENDELL SPRAGINS<br>3962 HAMILTON CLUB RD.<br>SARASOTA FL 34242-1100 |  |  |  |
| 2a. Mailing Address   |  |  |  |
| 26  |  |  |  |
| Suite, Apt. #, etc.   |  |  |  |
| 27  |  |  |  |
| City & State  |  |  |  |
| 28  |  |  |  |
| Z <sub>i</sub> p Co   |  |  |  |
| 29 30   |  |  |  |
| rrent Registered Agent  |  |  |  |
|   |  |  |  |

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize

| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida |  |                  |  |  |  |  |
|---|--|------------------|--|--|--|--|
| SIGNATURE   |  |                  |  |  |  |  |
|   | Signature, typed or printed name of registered agent and title if applicable | (NOTt.: Register |  |  |  |  |
| 12.   | OFFICERS AND DIRECTORS   | 13.              |  |  |  |  |
| TITLE   |  | DELETE 1.11      |  |  |  |  |
| NAME  | SPRAGINS, R. WENDELL   | 1.21             |  |  |  |  |
| STREET ADDRESS  | 3982 HAMILTON CLUB RD.   | 1,2,6            |  |  |  |  |

SARASOTA FL 34242

HALLETT, JOANNE

7620 CLUB LANE

316 E BAY BLVD.

traverse mi

SARASOTA FL 34238

MCCORMICK, DANIEL

**FILED** Apr 21 1997 8:00am Secretary of State



3a. Date of Last Report

06/13/1996

3. Date Incorporated or Qualified

05/11/1987

|  | a Forth  |             |                                   |             |          |  |  |  |
|--|--|-------------|-----------------------------------|-------------|----------|--|--|--|
|  | 4. FEI Number  |             |                                   | Applied Fo  | or       |  |  |  |
| <del>-</del>                                 | NOT APPLICABLE   |             |                                   | Vot Applic  |          |  |  |  |
|  | 5. Certificate of Status Desired   |             | \$8.75 Additional<br>Fee Required |             |          |  |  |  |
|  | 6. Election Campaign Financing Trust Fund Contribution   |             | \$5.00 May Be<br>Added to Fees    |             | ,        |  |  |  |
| Cou  | 8. This corporation has liability for intangible   |             |                                   |             | _        |  |  |  |
|  | Florida Statutes Yes   | □ No        | )                                 | 0. 100.00   | -        |  |  |  |
| 10. Name and Address of New Registered Agent |  |             |                                   |             |          |  |  |  |
| Name   |  |             |                                   |             |          |  |  |  |
| Stroet                                       | Address (P.O. Box Number is Not Acceptable)  |             |                                   |             |          |  |  |  |
| *****  |  |             | · · · ·                           |             |          |  |  |  |
|  |  |             |                                   |             |          |  |  |  |
| City   |  | 85          | Zip                               | Code        |          |  |  |  |
|  | FL   | <b>.</b> (  | ĺ                                 |             | Ì        |  |  |  |
| Unizg y trie cui                             | corporation submits this statement for the purpose operation's board of directors. I hereby accept the app   | of chan     | iging i                           | its registe | red      |  |  |  |
| a Sta  | the up   | JOH ICH     | orn as                            | s registore | 3u       |  |  |  |
|  |  |             |                                   |             |          |  |  |  |
| giston onl signature                         | required when reinstaling) DATE  ADDITIONS/CHANGES TO OFFICERS AND   | D.D.        |                                   |             |          |  |  |  |
| 1.11   | ADDITIONS/CHANGES TO OFFICERS AND  |             | hange                             | HS IN 12    | lition 8 |  |  |  |
| 1.2 N  |  | Цυ          | мпре                              | X00         | IITION S |  |  |  |
| 1.3 ST / ET ADDRESS                          |  |             |                                   |             |          |  |  |  |
| 14 City-St-ZiP                               |  |             |                                   |             |          |  |  |  |
| 21 TITLE                                     |  | He          | hange                             | Add         | ition C  |  |  |  |
| 2.2 NAME                                     |  | <b>L</b> 01 | KA ING                            | ר"ז אממ     | idon     |  |  |  |
| 2.3 STREET ADDRESS                           |  |             |                                   |             | ĺ        |  |  |  |
| 2 4 CITY-ST-ZIP                              |  |             |                                   |             |          |  |  |  |
| 3.1 TOLE                                     |  |             | hange                             | Add         | ition    |  |  |  |
| 3.2 NAME                                     |  |             | ığu                               |             | -31011   |  |  |  |
| 3.3 STREET ADDRESS                           |  |             |                                   |             |          |  |  |  |
| 3.4. CITY- ST-ZIP                            |  |             |                                   |             |          |  |  |  |
| 4.1 TITLE                                    |  | TTC         | nange                             | ☐ Add       | ition    |  |  |  |
| 4. 2 NAME                                    |  |             |                                   |             |          |  |  |  |
| 4.3 STREET ADDRESS                           |  |             |                                   |             | Ì        |  |  |  |
| 4.4 CITY - ST - ZIP                          |  |             |                                   |             | 1        |  |  |  |
| 5.1 TILLE                                    |  | ☐ Cr        | nange                             | ☐ Addi      | tion     |  |  |  |
| 5.2 NAM€                                     |  |             |                                   |             |          |  |  |  |
| 5 3 STREET ADDRESS                           |  |             |                                   |             |          |  |  |  |
| 54 CITY - ST - ZIP                           |  |             |                                   |             |          |  |  |  |
| 6 1 TITLE                                    |  | Ch          | ange                              | Addi        | tion     |  |  |  |
| 62 NAME                                      |  |             |                                   |             |          |  |  |  |
| 6.3 STRET ADDRESS                            |  |             |                                   |             |          |  |  |  |
| 6 4 CI - ST - 2(P                            |  |             |                                   |             |          |  |  |  |
| . strom committee of                         | of all to Court and Court to C |             |                                   |             |          |  |  |  |

CITY-ST-ZIP formation supplied with this filing does not qualify to the annual report or supplemental annual report is true and the conversion or the acceiver or trustee empowered to 13 Juhanges, or op/an attachment with an address 14. I do hereby certify that the information indicated di thi am an officer or director of appears in Block 12 of Block 12 of

cemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the surate and that my signature shall have the same legal offect as if made under oath; that cute this report as required by Chapter 607, Florida Statutes; and that my name