

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90079 034 \*\*\*\*61.25

**DOCUMENT # N00000006414**

1. Entity Name

GERMAN-AMERICAN CLUB OF SUN CITY CENTER, INC.



Principal Place of Business

1009 N PEBBLE BEACH BLVD  
SUN CITY CENTER FL ~~33473~~  
33573

Mailing Address

1009 N PEBBLE BEACH BLVD  
SUN CITY CENTER FL ~~33473~~  
33573

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

20010100



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3608369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHERWOOD, THOMAS J  
3430 SR 674  
RUSKIN FL 33570

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NOLDEN, KURT	
STREET ADDRESS	2346 EMERALD LAKE R.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FRY, WALTER	
STREET ADDRESS	1802 NEW BEDFORD DR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOLDEN, ELFI	
STREET ADDRESS	2346 EMERALD LAKE DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	SD	<input type="checkbox"/> Delete
NAME	QUITSCH, JUDITH	
STREET ADDRESS	2238 DEL WEBB BLVD W	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	QUITSCH, DIETER	
STREET ADDRESS	2238 DEL WEBB BLVD W	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUITSCH, DIETER	
STREET ADDRESS	2238 Del Webb Blvd.W	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERRITT, RUSSELL	
STREET ADDRESS	913 EL RANCHO DR	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERRITT, ILONA	
STREET ADDRESS	913 EL RANCHO DR	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	DSKUMMER, EUGENE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	743 WINTER BROOK WAY	
STREET ADDRESS	Sun City Center FL 33573	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Judith W. Quitsch* JUDITH W. QUITSCH 2/4/05 813/642-0157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #