

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90102 028 \*\*\*\*70.00

**DOCUMENT # N10879**

1. Entity Name

CHULUOTA SPORTSMEN'S CLUB, INC.



Principal Place of Business

1447 WILLINGHAM RD  
OVIEDO FL 32765

Mailing Address

PO BOX 620490  
OVIEDO FL 32768-0490

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2647012

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

WAGONER, ADAM  
3008 LITTLE CYPRESS COVE  
WINTER PARK FL 32792

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, 2007**

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: VP  
NAME: POLLOCK, JEFF  
STREET ADDRESS: 561 WELLESLEY ST  
CITY-STATE-ZIP: OVIEDO FL 32765 ☐ Delete

TITLE: D  
NAME: CAMPBELL, TROY  
STREET ADDRESS: 550 FIRST AVE  
CITY-STATE-ZIP: ALTAMONTE SPRINGS FL 32714 ☒ Delete

TITLE: D  
NAME: WINKLER, TAMI  
STREET ADDRESS: 1730 SENECA BLVD.  
CITY-STATE-ZIP: WINTER SPRINGS FL 32708 ☐ Delete

TITLE: D  
NAME: WAGONER, ADAM C  
STREET ADDRESS: 3008 LITTLE CYPRESS COVE  
CITY-STATE-ZIP: WINTER PARK FL 32792 ☐ Delete

TITLE: D  
NAME: RAWSON, MARK  
STREET ADDRESS: 691 MONROE HARBOUR PLACE  
CITY-STATE-ZIP: SANFORD FL 32773 ☐ Delete

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PRESIDENT  
NAME: Pollock, Jeff  
STREET ADDRESS: 561 Wellesly St  
CITY-STATE-ZIP: Oviedo, FL 32765 ☒ Change ☐ Addition

TITLE: VICE PRESIDENT  
NAME: Winkler, David  
STREET ADDRESS: 1730 Seneca Blvd.  
CITY-STATE-ZIP: Winter Springs, FL 32714 ☐ Change ☒ Addition

TITLE: DIRECTOR  
NAME: Cook, Don  
STREET ADDRESS: 311 Spring Valley Drive  
CITY-STATE-ZIP: Altamonte Springs, FL 32714 ☐ Change ☒ Addition

TITLE: DIRECTOR  
NAME: Drayer, George  
STREET ADDRESS: 341 Beckett Court  
CITY-STATE-ZIP: Winter Park, FL 32792 ☐ Change ☒ Addition

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Adam Wagoner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-07

Date

Daytime Phone #