## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Principal Place of Business | Mailing Address | Mailing Address | John Club Inc. 37647 Chancey Kd. Kunn ng Water Club Inc. 1647 Chancey Kd. 1647 Chancey Kd. 20147 Chancey Kd. Zephyrhills, Fl. 33541 Zephyrhills, Fl. 33541

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90068 040 \*\*\*\*61.25

* 3	2 5	9 9 0068 - 40	6	-	

			2 Data la conted de Ovelifed				
2. Principal P	lace of Business 1 in a Water Charles 37638 5	mone 5	3. Date Incorporated or Qualified				
11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		11/01/0	4. FEI Number	Applied For			
Suite, Apt.	7 Chance Koad 27 Lot 124		59-3214148	Not Applicable			
City & Stat		16- 61	E Cortifecto of Statue Decired	75 Additional			
23 Zeon	Vrhills, Fir 28 Zephyrni	115,00	Fe Fe	e Required			
Zip 🕖	Country Zip	Country	6. Election Campaign Financing \$5.	00 May Be			
24 335 4	41 25 U.S.A, 29 3354 (3	0 11-5.H	✓ Trust Fund Contribution Add	ded to Fees			
	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent				
A. H. gtanna Eugene Henson Name Bill Stearns (Willig)							
37627Miniam 82 Street Address P.O. Box Number is Not Acceptable I 38B							
2-16-16-16-16-16-18-11-18-18							
Z	CPNY h // 5 Fh 33541	<u></u>	301 1 1 1 1 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3	Zip Code			
	10 15 11.1135	84 City	<b>FL</b>   <sup>**</sup>				
11. Pursuant	to the provisions of Sections 817.0502 and 617.1508, Florida Statutes	, the above-named cor	poration submits this statement for the purpose of changin	g its registered			
office or registered agent, or both, in the State of Floridad Statutes, tille advertising to be of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 647.0503. Florida Statutes.							
SIGNATURE	Signature, typed or or hand raine of registered agent and tale of applicable. (NO Leg	egistered Agent signature requi	red when reinstating) DATE	<sub>ã</sub>			
40	Signature: typed or or internal and or registered agent and title applicable. (NOTE: NOTE: Signature: Typed or	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12			
12.	TYPE THE TYPE TYPE THE TYPE TY	1.1 TITLE PICS. C	Willis STEARIS ACHA	inge			
TITLE		•		4.770			
NAME	37677 Miniam Lanethes-	1.2 NAME	376165Kylar Lane				
STREET ADDRESS	Zeshvrh://9, FT. 3354	1.3 STREET ADDRESS	Zephyrhills, Fl. 33.	541 D   🖫			
CITY-ST-ZIP		1.4 CITY-ST-ZIP					
TITLE	DELETE	2.1 TITLE 0	XCha	ange Addition C			
NAME	Willia Stearns	2.2 NAME	Fordon Kogers	آ م			
STREET ADDRESS	37616 SKylen Lane	2.3 STREET ADDRESS	0.1600 $0.00$ $0.00$ $0.00$	d ( 1)			
CITY+ST-ZIP	Ze1/1/1/19, Fl. 3354	2.4 CITY-ST-ZIP	zephyrh: 115, Fl. 335	7, 0			
TITLE	Secretary DELETE	3.1 TITLE	iccretary Scha	ange			
~NAME -	Eleanor Osborne	3.2 NAME	Marilyn Signor	*			
	37623 Florence Ave.	3.3 STREET ADDRESS	37/38 5 monte street	1.			
STREET ADDRESS	\( \chi \chi \chi \chi \chi \chi \chi \chi	· ·	ethur h: 119 Fl. 7354	U = U			
C/TY-ST-ZIP		3.4. CITY-ST-ZIP	TAGGUNEN DCha				
TITLE	Traggarer Mountain	T V	Lana MAXKMVEL				
NAME .	Jacqueline Newman	4.2 NAME	2129 20 1 28 1 12 12 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1	$\Omega$			
STREET ADDRESS	Zephynh: 115, Fl 33541	4.3 STREET ADDRESS		$A \cap P$			
CITY-ST-ZIP	Zegnymins, Fr. 00041	4.4 CITY+ST-ZIP	ephyrnillo, Fl. 3350	<u> </u>			
TITLE	DELETE	5.1 TITLE	☐ Cha	inge			
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	DELETE	6.1 TITLE	☐ Cha	inge			
NAME		6.2 NAME					
(		6.3 STREET ADDRESS					
STREET ADDRESS		6.4 CITY-ST-ZIP		ļ			
CITY-ST-ZIP	pertify that the information supplied with this filing does not qualify for t		Section 119 07/3/6) Florida Statutes   further cortifu that	the information			
14. I hereby (	certify that the information supplied with this tiling does not quality for the on this applied report or supplemental applied report is true and accura	te exemption stated in	re shall have the same legal effect as if made under oath;	that I am an			

indicated on all 8 alliuda report of supplemental annual report is true and accurate and that my signature shall have the same regardled as it made under out, that I am a officer or director of the corporation or the receive/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 attachyright with an address, with all other like empowered.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR