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FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N18397 (2)**

1. Corporation Name

**EAGLE POINT SOCIAL CLUB, INC.**

Principal Place of Business

**10303 BURNT STORE ROAD  
PUNTA GORDA FL 33950**

Mailing Address

**10303 BURNT STORE ROAD  
PUNTA GORDA FL 33950-7940**3. Date Incorporated or Qualified  
**12/22/1986**3a. Date of Last Report  
**02/16/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-2740303**

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional  
Fee Required**6. Election Campaign Financing  
Trust Fund Contribution☐**\$5.00 May Be  
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BAUER, LOIS	
STREET ADDRESS	10303 BURNT STORE SUITE 247	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MEYER, GRACE	
STREET ADDRESS	10303 BURNT STORE 220	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, MARIA	
STREET ADDRESS	10303 BURNT STORE SUITE 81	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HECKMAN, DONNA	
STREET ADDRESS	10303 BURNT STORE #58	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, DORIS	
STREET ADDRESS	10303 BURNT STORE 104	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIXON, ELSIE	
STREET ADDRESS	10303 BURNT STORE SUITE 99	
CITY - ST - ZIP	PUNTA GORDA FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOWDREN, WALTER	
1.3 STREET ADDRESS	10303 BURNT STORE #87	
1.4 CITY - ST - ZIP	PUNTA GORDA, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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	AST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CHAMBERLAIN, SHIRLEY	
5.3 STREET ADDRESS	10303 BURNT STORE #243	
5.4 CITY - ST - ZIP	PUNTA GORDA, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE:

DONNA HECKMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 575-0619

1-13-97

Daytime Phone # 0067826

CR2E037 (9/96)