## 2/14/9 FILE NOW: FILING FEE IS \$61.25

**CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business

M FOWADO W GERECKE

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N18692 (6)

Mailing Address

PURDUE CLUB OF TAMPA BAY, INC.

## Feb 16 1998 8:00am Secretary of State

1/8/97 83-229-4306

% EDWARD W. GERECKE 3923 W. SAN JUAN ST. TAMPA FL 33629		% Edward W. Gerecke 9923 W. San Juan St. Tampa Fl. 33629			3. Date Incorporated or Qualified 01/12/1987	
TAMEN TE OCCE.	•	TAMEN IL SOUZO			4. FEI Number	Applied For
					59-2265288	Not Applicable
2. Principal Place of Business 21		2a. Mailing Address 26			6. Certificate of Status Desired	\$8.75 Additional Fee Regulred
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing	\$5.00 May Be
22		27			Trust Fund Contribution	Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?	
Zip	Country Zip C		Country	У	8. This corporation owes or has paid the current year intangible	
24	26	29 3	30		Personal Property Tax due June 30.  Yes X No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ag	pent
81 Name						
ROUSH, EVIL M				Stroot A	Address (P.O. Box Number is Not Acceptable)	<del></del>
2403 FINLANDIA LN #21			82	30000	Address (1.10. Box Number is Not Acceptable)	
CLEARWATER FL-84029-35763			83			
- am # (11)						In-1 35: 0 :
			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.						
1 7 7 1 1/0/09						
SIGNATURE And I for the state of the state o						
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	en a syndrone	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			DIRECTORS IN 12  Change Addition
NAME	DALE, ALVIN		1.2 NAME	i	_	
STREET ADDRESS	735 116TH AVENUE			T ADDRESS		Į
CITY-ST-ZIP	TREASURE ISLAND FL		1	1		ነነ
TITLE			1.4 CITY-S 2.1 TITLE	51-217		Change Addition
NAME	GERECKE, EDWARD W.		2.2 NAME	- 1	<b>-</b>	
STREET ADDRESS	****		2.3 STREET ADDRESS			
	TAMPA FL					
CITY-ST-ZIP	D	☐ DELETE	2.4 CITY- 3.1 TITLE	SI-ZIP		Change Addition
NAME	ROUSH, EVA M.	_ percit	3.1 HILE 3.2 NAME	ŀ	-	
STREET ADDRESS	2403 FINLANDIA LANE.# 21			T ADDRESS		
	CLEARWATER FL					
CITY-ST-ZIP TITLE	р	☐ DELETE	3.4. DITY- 4.1 TITLE	ST-ZIP	T T	Change Addition
1	HARRIS, PHILLIP R.		4, 2 NAME	1	`	
NAME	5301 REFLECTIONS CLUB DR	4104				
STREET ADDRESS	TAMPA FL	FIUT		T ADDRESS		
CITY-ST-ZIP	V	DELETE	4.4 CITY - 5 5.1 TIYLE	SI - ZIP		Change Addition
TITLE	SAWAYDA, NANCY		1	ł	L	T SHELLE THE LOCATION
NAME			5.2 NAME			
STREET ADDRESS	1825 BRENTWOOD DR.		5.3 STREET			1
CITY-ST-ZIP			5.4 CITY - 5	ST-ZIP		Change Addition
TITLE	-		6.1 TITLE	ŀ	L.	Through The vocation
NAME	BELL, LARRY	· <b>T</b>	6.2 NAME			
STREET ADDRESS	3615 ARLINGTON OAKS COUP	H	6.3 STREET			
CITY-ST-ZIP	TAMPA FL	All to 400 and a second second second	6.4 CITY-S	ST-ZIP	dia Cartia 140 07/00/0 Ficalda Contaca 14 dia	te shat the laternesses
14. I hereby certify that the information supplied with this filling 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						