

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N41645** (5)

1. Corporation Name

TAMPA PALMS LADIES CLUB, INC.



Principal Place of Business

**COMPTON PARK CLUBHOUSE
TAMPA FL 33647
US**

Mailing Address

**16057 TAMPA PALMS BLVD. W.
SUITE 918
TAMPA FL 33647-2001**

3. Date Incorporated or Qualified
01/14/1991

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 **Same**

26 **same**

4. FEI Number

59-3048778

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

**AMMON, INGEBORG C.
7119 WAREHAM DRIVE
TAMPA FL 33647**

81 Name

AMMON, INGEBORG C.

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

7119 WAREHAM DRIVE

83

84 City

TAMPA

FL

85 Zip Code

33647

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

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

Ingeborg C. Ammon

3/14/1996

(NOTE: Registered Agent signature required when not submitting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **MASON, JOANNE**
STREET ADDRESS **16121 ANCROFT COURT**
CITY-ST-ZIP **TAMPA FL**

TITLE **TD** ☐ DELETE
NAME **AMMON, INGEBORG C.**
STREET ADDRESS **7119 WAREHAM DR. E.**
CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☒ DELETE
NAME **BARNARD, DIANNE**
STREET ADDRESS **15906 WAINWRIGHT COURT**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **UNGAR, KAREN**
1.3 STREET ADDRESS **6407 MacLaurin Dr. East**
1.4 CITY-ST-ZIP **TAMPA FL**

2.1 TITLE **TD** ☐ Change ☐ Addition
2.2 NAME **Same**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **MARTIN, STEPHANIE**
3.3 STREET ADDRESS **5074 Southampton Circle**
3.4 CITY-ST-ZIP **TAMPA, FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Ingeborg C. Ammon

Ingeborg C. Ammon

3/14/1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)