# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAY 23 PM 1:09

DOCUMENT # **N44380** **(6)**

1. Corporation Name
**KISSIMMEE WEST SIDE CLUB, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 101 S. CYPRESS STREET<br>UNIT L<br>KISSIMMEE FL 34741 | 101 S. CYPRESS STREET<br>UNIT L<br>KISSIMMEE FL 34741 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1991
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-3082628 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

GRIFFIN, THOMAS J.
1241 DEAN ST.
ST CLOUD FL 34771

10. Name and Address of New Registered Agent

81 Name: Joe Welsh
82 Street Address (P.O. Box Number is Not Acceptable): 710 HARLAND CT.
83
84 City: Kissimmee FL 85 Zip Code: 34744

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: * Joseph M Welsh — DATE: 5-19-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | T | 1.1 TITLE | President D | ☒ Change ☐ Addition |
| NAME | MASON, GEORGE S. | 1.2 NAME | Joe Welsh | |
| STREET ADDRESS | 101 W. CYPRESS ST. UNIT "L" | 1.3 STREET ADDRESS | 710 HARLAND CT | |
| CITY-ST-ZIP | KISSIMMEE FL | 1.4 CITY-ST-ZIP | Kissimmee FL 34744 | |
| TITLE | S | 2.1 TITLE | Vice President D | ☒ Change ☐ Addition |
| NAME | LINCY, THOMAS G. | 2.2 NAME | Joseph Pedranti | |
| STREET ADDRESS | 355 W. CARROLL ST. | 2.3 STREET ADDRESS | 163 Florida Pkwy | |
| CITY-ST-ZIP | KISSIMMEE FL | 2.4 CITY-ST-ZIP | Kissimmee FL 34743-6312 | |
| TITLE | P | 3.1 TITLE | Secretary D | ☒ Change ☐ Addition |
| NAME | GRIFFIN, THOMAS J. | 3.2 NAME | Rochelle Bont | |
| STREET ADDRESS | 1241 DEAM ST. | 3.3 STREET ADDRESS | 1603 Destiny #205 | |
| CITY-ST-ZIP | ST CLOUD FL | 3.4 CITY-ST-ZIP | Kissimmee FL 34741 | |
| TITLE | V | 4.1 TITLE | Treasurer | ☒ Change ☐ Addition |
| NAME | CONNOLLY, RICHARD | 4.2 NAME | MARY CARR | |
| STREET ADDRESS | 229 SATTONWOOD CT. | 4.3 STREET ADDRESS | 1538 Amherst Lane | |
| CITY-ST-ZIP | KISSIMMEE FL | 4.4 CITY-ST-ZIP | Kissimmee FL 34744 | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 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)(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:** Mary K. Carr (MARY K. CARR) 5.9.95 (407) 847-9266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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