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May 08 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001150 (2)

1. Corporation Name

SUN COAST SHAG CLUB, INC.

Principal Place of Business

Mailing Address

4000 42ND ST S
ST. PETERSBURG FL 33711
US4000 42ND ST S
ST. PETERSBURG FL 33711-4246
US3. Date Incorporated or Qualified
03/01/19933a. Date of Last Report
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 9290 136 WAY N

26 9290 136 WAY N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Seminole FL

28 SEMINOLE, FL

Zip

Country

Zip

Country

24 33776

25 PINELLAS

29 33776

30 PINELLAS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACK R. WHITSON
4000 42ND ST S
ST. PETERSBURG FL 3371181 Name ROBERT KOSEK
82 Street Address (P.O. Box Number is Not Acceptable)
9290 136 WAY N

84 City SEMINOLE FL 85 Zip Code 33776

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

ROBERT KOSEK - TREASURER

4/24/97

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 P ☐ DELETENAME DOUG HARRINGTON
STREET ADDRESS 2420 CEDARCREST PL
CITY-ST-ZIP VALRICO FLTITLE V ☒ DELETENAME ANN DAUGHRITY
STREET ADDRESS 8910 W CLUSTER AVE
CITY-ST-ZIP TAMPA FLTITLE T ☒ DELETENAME WHITSON, JACK R.
STREET ADDRESS 4000 42 ST S
CITY-ST-ZIP ST PETERSBURG FLTITLE S ☐ DELETENAME SHERRY MCKNIGHT
STREET ADDRESS 124 D LOBLOLLY CT
CITY-ST-ZIP OLDSMAR FLTITLE D ☒ DELETENAME CHARLES HALL
STREET ADDRESS 2628 DURANT OAKS DR
CITY-ST-ZIP VALRICO FLTITLE D ☒ DELETENAME WATSON, JAY
STREET ADDRESS 6924 69 AVE N
CITY-ST-ZIP PINELLAS PARK FL1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition2.2 NAME RAY ALDREDGE
2.3 STREET ADDRESS 11734 FOREST HILLS DR.
2.4 CITY-ST-ZIP TAMPA, FL 336123.1 TITLE ☐ Change ☒ Addition3.2 NAME ROBERT KOSEK
3.3 STREET ADDRESS 9290 136 WAY N
3.4 CITY-ST-ZIP SEMINOLE, FL 337764.1 TITLE ☒ Change ☐ Addition4.2 NAME SHERRY MCKNIGHT
4.3 STREET ADDRESS 124 D LOBLOLLY CT
4.4 CITY-ST-ZIP OLDSMAR, FL 346775.1 TITLE ☐ Change ☒ Addition5.2 NAME JUDY WHITSON
5.3 STREET ADDRESS 4000 42ST. S
5.4 CITY-ST-ZIP ST PETERSBURG, FL 337116.1 TITLE ☐ Change ☒ Addition6.2 NAME SANDY BRADDOCK
6.3 STREET ADDRESS 3420 LEMON ST
6.4 CITY-ST-ZIP TAMPA, FL 33609

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:

ROBERT KOSEK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/24/97 (813)397-3305
Date Daytime Phone # 0060851

CR2E037 (9/96)