

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90031 026 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # N93000001150																																																																																																																																																					
1. Corporation Name SUN COAST SHAG CLUB, INC.																																																																																																																																																					
Principal Place of Business 9290 136 WAY N SEMINOLE FL 33776 US			Mailing Address 9290 136TH WAY N SEMINOLE FL 33776 US																																																																																																																																																		
2. Principal Place of Business 21 3107 Carlton Arms Dr Suite, Apt. #, etc. 22 APT B City & State 23 Tampa, FL Zip Country 24 33614 25 Hillsborough		2a. Mailing Address 26 3107 Carlton Arms Dr Suite, Apt. #, etc. 27 APT B City & State 28 Tampa, FL Zip Country 29 33614 30 Hillsborough		3. Date Incorporated or Qualified 03/01/1993 4. FEI Number 59-3168790 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																																																																																																																																																	
9. Name and Address of Current Registered Agent KOSEK, ROBERT 9290 136 WAY N SEMINOLE FL 33776			10. Name and Address of New Registered Agent 81 Name Bill Wadley 82 Street Address (P.O. Box Number is Not Acceptable) 3107 Carlton Arms Dr 83 APT B 84 City Tampa FL 85 Zip Code 33614																																																																																																																																																		
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 Bill Wadley DATE May 19, 99 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when substituting)																																																																																																																																																					
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>DOUG HARRINGTON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2420 CEDARCREST PL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VALRICO FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>HARRINGTON, JANE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2420 CEDARCREST DRV</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VALRICO FL 33594</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>KOSEK, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9290 136 WAY N</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEMINOLE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>SHERRY MCKNIGHT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>124 D LOBLOLLY CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OLDSMAR FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>DAUGHRITY, ANN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8910 CLUSTER AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL 33615</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DV</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>BRADDOCK, SANDY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3420 LEMON ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL</td> <td></td> </tr> </table>			TITLE	D	☐ DELETE	NAME	DOUG HARRINGTON		STREET ADDRESS	2420 CEDARCREST PL		CITY-ST-ZIP	VALRICO FL		TITLE	P	☒ DELETE	NAME	HARRINGTON, JANE		STREET ADDRESS	2420 CEDARCREST DRV		CITY-ST-ZIP	VALRICO FL 33594		TITLE	T	☒ DELETE	NAME	KOSEK, ROBERT		STREET ADDRESS	9290 136 WAY N		CITY-ST-ZIP	SEMINOLE FL		TITLE	D	☐ DELETE	NAME	SHERRY MCKNIGHT		STREET ADDRESS	124 D LOBLOLLY CT		CITY-ST-ZIP	OLDSMAR FL		TITLE	S	☒ DELETE	NAME	DAUGHRITY, ANN		STREET ADDRESS	8910 CLUSTER AVE		CITY-ST-ZIP	TAMPA FL 33615		TITLE	DV	☐ DELETE	NAME	BRADDOCK, SANDY		STREET ADDRESS	3420 LEMON ST		CITY-ST-ZIP	TAMPA FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>James PRESIDENT</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>TERESA FLOWERS</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>15931 ELLSWORTH DR</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>Tampa, FL 33637</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>2.1 TITLE</td> <td>Bill Wadley TREASURER</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>Bill Wadley</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>3107 Carlton Arms Dr</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>Tampa, FL 33614</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>3.1 TITLE</td> <td>SECRETARY</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td>VICE PRESIDENT</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td></td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			1.1 TITLE	James PRESIDENT	☐ Change ☒ Addition	1.2 NAME	TERESA FLOWERS		1.3 STREET ADDRESS	15931 ELLSWORTH DR		1.4 CITY-ST-ZIP	Tampa, FL 33637	☐ Change ☐ Addition	2.1 TITLE	Bill Wadley TREASURER	☐ Change ☐ Addition	2.2 NAME	Bill Wadley		2.3 STREET ADDRESS	3107 Carlton Arms Dr		2.4 CITY-ST-ZIP	Tampa, FL 33614	☒ Change ☐ Addition	3.1 TITLE	SECRETARY	☒ Change ☐ Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP			4.1 TITLE	VICE PRESIDENT	☒ 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			6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
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14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 99

813 930 6587

CR2E037 (11/98)