## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT #

N93000002889 (4)

THE TRIATHLON CLUB OF NORTH FLORIDA, INC.

INC II	NATHLON CLUB OF NORTH	i Lonida, iiio.					
Principal Place	of Business	Mailing Address					
1760 S 3RD STE 150 JACKSONVIL US	RD STREET  315 NORTH THIRD AVE STE 150  VILLE BEACH FL 32250  US  315 NORTH THIRD AVE STE 150  US		3. Date Incorporated or Qualified 06/24/1993	3a. Date of Last Report 04/27/1995			
2. Principal Pla	ace of Business	2a. Mailing Address	EMAGNE CIR	4. FEt Number	Applied For Not Applicable		
Suite, Apt. 1	HARLEMAGNE URCLE #, etc.	Suite, Apt. #, etc.	emagne ur	Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	DA RELAU E	6. Election Campaign Financing	\$5.00 May Be Added to Fees		
23 POUTE	Country	28 PONTE VED	Country	Trust Fund Contribution  8. This corporation has liability for in			
24 3208	2 25 ST. DHAS 9. Name and Address of Current	29 32082_	30 ST 0456.5	10. Name and Address of New Re			
	9. Name and Address of Correla	Hedisteled Water	81 Name -				
DARCHI	IOOD IOURIA		<b>__</b>	ADENHOUP, JOHN	<u>, C.</u>		
BADENHOOP, JOHN C 315 NORTH THIRD AVE JACKSONVILLE BEACH FL 32250			82 Street Add 365	Street Address (P.O. Box Number & Not Acceptable) 365 CHARLEMAGNE CIRCLE 83			
0/10/10	privided building a dillor		84 FOUTE	EVEDRA BEACH	FL 85 Zip Code 370 82		
ar ragiator	to the provisions of Sections 617.0502 a ed agent, or both, in the State of Florida th, and accept the obligations of, Sectio	a. Such change was authorizi	ad by the comoration's boa	oration submits this statement for the purp pard of directors. I hereby accept the appo	ose of changing its registered office		
	in and accept the obligations of, section	1 C RAMINO	مو	4	1/20/96		
SIGNATURE	signature, typed or printed name of agistered agent a	nd title if applicable. (NO	TE: Registered Agent signature require		DATE		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	DELETE	1.1 TITLE		Change		
NAME	BADENHOOP, JOHN C		1.2 NAME	در د	e Cirase		
STREET ADDRESS	- 315 NORTH THIRD AVE		1.3 STREET ADDRESS	365 CHARLEMAGN PONTE VEDRA BEAC	73 002		
CITY - ST - ZIP	JACKSONVILLE BEACH FL-			PODIE VEDRA BEAC	Change Addition		
TITLE	SD	DELÉTÉ	2 1 TITLE		Change Li Addition		
NAME	BADENHOOP, MICHELE W.		22 NAME				
STREET ADDRESS	365 CHARLEMAGNE CIR.		2 3 STREET ADDRESS				
CITY-S1-ZIP	PONTE VEDRA BCH. FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition		
TITLE	D DODION DODOTUV						
NAME	DORION, DOROTHY 7922 HUNTERS GROVE ROAI	n	3.2 NAME 3.3 STREET ADDRESS				
STREET ADDRESS	JACKSONVILLE FL	,	3.4. City-ST-ZiP				
CITY-ST-ZIP TITLE	JACKSONVILLE I L	DELETE	4.1 TITLE		Change Addition		
			4 2 NAME				
NAME			4.3 STREET ADDRESS				
STREET ADDRESS			4.4 CITY-ST-2IP				
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	61 TITLE		Change Addition		
NAME		•	6 2 NAME				
STREET ADDRESS			6 3 STREET ADDRESS				
CITY - ST - ZIP			64 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), Fiorida 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 ordinged, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16. CITY-ST-ZIP

4/20/96

904) 285 • 1.552