

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 # N94000001295 (4)

1. Corporation Name

OLD DUFFER'S CLUB, INC.



Principal Place of Business

2734 GRAFTON AVENUE  
SARASOTA FL 34231

Mailing Address

~~P.O. BOX 1878~~  
SARASOTA FL 34276  
34231

3. Date Incorporated or Qualified  
03/14/1994

3a. Date of Last Report  
07/13/1995

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 SAME

28

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

FILZEK, EDWIN W  
3850 CLOVER LANE  
SARASOTA FL 34233

81 Name

SAME

82

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

83

84 City

FL

85 Zip Code

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

SAME

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 ☐ DELETE  
NAME PRA  
STREET ADDRESS FILZER, EDWIN W  
CITY-ST-ZIP 3850 CLOVER LANE  
SARASOTA FL 34233

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS FILZER, WANDA  
CITY-ST-ZIP 3850 CLOVER LANE  
SARASOTA FL 34231

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

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS LITT, AVERILL  
CITY-ST-ZIP BOX 15167 NA  
SARASOTA FL 34277

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS BROCKMAN, ARTHUR  
CITY-ST-ZIP 3532 SAN REMO TERAZO  
SARASOTA FL

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

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS DEWITT, PAT  
CITY-ST-ZIP 2122 SHAWNA ST  
SARASOTA FL 34231

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

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS POWERS, TOM  
CITY-ST-ZIP 2082 ORCHARD ST.  
SARASOTA FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Edwin W Filzek EDWIN W FILZEK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 904-4575

Date

Daytime Phone #

OR 922-1832

CR2E037 (12/95)