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Feb 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

2734 GRAFTON AVENUE
SARASOTA FL 34231-5112
US

3. Date Incorporated or Qualified
03/14/1994

3a. Date of Last Report
03/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
NOT APPLICABLE

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

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

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

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

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

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

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

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

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

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

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

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

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME DIRECTOR
MICHAEL W HARRIS
5.3 STREET ADDRESS 3850 CLOVER LN
5.4 CITY-ST-ZIP SARASOTA FL 34233

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

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

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: *Edwin W Filzer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/97

Date

Daytime Phone # 0060619

CR2E037 (9/96)