

FILE NOW: FILING FEE AFTER MAY-1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995.



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12: 57

DOCUMENT # N94000003805 (8)

1. Corporation Name

CLUB CHOICES, INC.

Principal Place of Business

1840 NE DODGE HWY
JENSEN BEACH FL 34957

Mailing Address

701 N FEDERAL HWY
SUITE 701
STUART FL 34994

c/o Sherry Vecchione
9423 S Ocean Drive #80
Jensen Beach
FL 34957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1994

3a. Date of Last Report

4. FEI Number

65-0564930

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

P.O. Box 2123
STUART
FL

34995
USA

9. Name and Address of Current Registered Agent

NOURSE, C. E.
701 N FEDERAL HWY
SUITE 701
STUART FL 34994

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY - ST - ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY - ST - ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY - ST - ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY - ST - ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY - ST - ZIP

43 TITLE

44 NAME

45 STREET ADDRESS

46 CITY - ST - ZIP

47 TITLE

48 NAME

49 STREET ADDRESS

50 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY - ST - ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY - ST - ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY - ST - ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

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36 NAME

37 STREET ADDRESS

38 CITY - ST - ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY - ST - ZIP

43 TITLE

44 NAME

45 STREET ADDRESS

46 CITY - ST - ZIP

47 TITLE

48 NAME

49 STREET ADDRESS

50 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 118.07(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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sherry Vecchione Sherry Vecchione

Date

Daytime Phone #

3/10/95 401
229-8219

0070304