

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 # N94000003805 (8)

1. Corporation Name

CLUB CHOICES, INC.



Principal Place of Business

1840 NE DIXIE HWY
JENSEN BEACH FL 34957

Mailing Address

C/O SHERRY VECCHIONE
9423 S. OCEAN DRIVE #80
JENSEN BCH FL 34957

US **ANTHONY VECCHIONE**

3. Date Incorporated or Qualified

08/02/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 **193 SE NORFOLK BLVD**

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 City & State

STUART, FL

24

25

Country

29

34997

30

USA

4. FEI Number

65-0564930

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

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

10. Name and Address of New Registered Agent

81 Name

ANTHONY VECCHIONE

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

193 SE NORFOLK BLVD

83

84 City

STUART

FL

85 Zip Code

34997

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

Anthony Vecchione
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DRISCOLL, ROBIN	
STREET ADDRESS	2620 SW CAMEO BLVD	
CITY-ST-ZIP	PT ST LUCIE, FL 34957	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOLANO, EDWARD	
STREET ADDRESS	2510 SE ANCHORAGE COVE B2	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, WILLIAM	
STREET ADDRESS	2150 NE RUSTIC WAY	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TYROL, ART	
STREET ADDRESS	4104 NW CINNAMON CIR	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	EGAN, DAN	
STREET ADDRESS	1786 WESTMORELAND BLVD	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/DILL EWALD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	274 LUCERO BLVD	
1.3 STREET ADDRESS	PT-ST-LUCIE, FL 34952	
1.4 CITY-ST-ZIP		
2.1 TITLE	VP/LO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P/O PAUL WILLIAM MILLER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	2150 NE RUSTIC WAY	
3.3 STREET ADDRESS	JENSEN BEACH FL 34957	
3.4 CITY-ST-ZIP		
4.1 TITLE	S/O RELOA LEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	800 N. PARK ROAD	
4.3 STREET ADDRESS	STUART FL 34994	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul W Miller

Date

Daytime Phone #

2-6-96 407-334-8211

CR2E037 (12/95)