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FILED

Feb 17 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 # N94000003805 (8)

1. Corporation Name

CLUB CHOICES, INC.

Principal Place of Business

1840 NE DIXIE HWY  
JENSEN BEACH FL 34957

Mailing Address

C/O ANTHONY VECCHIONE  
193 SE NORFOLK BLVD  
STUART FL 34997-5572  
US

3. Date Incorporated or Qualified  
08/02/1994

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

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

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

VECCHIONE, ANTHONY  
193 S.E. NORFOLK BLVD  
STUART FL 34997

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EWALD, JILL	
STREET ADDRESS	274 LUCERO BLVD	
CITY-ST-ZIP	PT.ST. LUCIE FL 34952	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SOLANO, EDWARD	
STREET ADDRESS	2510 SE ANCHORAGE COVE B2	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, PAUL W	
STREET ADDRESS	2150 NE RUSTIC WAY	
CITY-ST-ZIP	JENSEN BEACH FL 34457	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEE, RELDA	
STREET ADDRESS	800 N. FOLK ROAD	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DC TOM BLAZEK	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOWARD TART	
1.3 STREET ADDRESS	373 NORFOLK BLVD	
1.4 CITY-ST-ZIP	STUART FL 34997	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TOM BLAZEK	
2.3 STREET ADDRESS	2655 NE 2nd River Dr #2	
2.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
3.1 TITLE	PD MILLER PAUL W	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SECRETARY/DIRECTOR	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD ANTHONY VECCHIONE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	193 SE NORFOLK BLVD	
4.4 CITY-ST-ZIP	STUART FL 34997	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LOUIS POWELL	
5.3 STREET ADDRESS	193 SE NORFOLK BLVD	
5.4 CITY-ST-ZIP	STUART FL 34997	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072282

CR2E037 (9/96)