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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500002891 1. Corporation Name

APOLLO BEACH TRACK CLUB, INC.

Principal Place of Business

Mailing Address

413 FLAMINGO DRIVE APOLLO BEACH FL 33572 413 FLAMINGO DRIVE APOLLO BEACH FL 33572

FILED Feb 25, 1999 8:00 am § Secretary of State

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2. Principal Pl	lace of Business	Za. Mailing Address			06/19/1995			
21	4 _4	26 Suite, Apt. #.	etc		4. FEI Number	Ap	plied For	
Suite, Apt.	#, etc.	27 Suite, Apr. #,	etc.		NOT APPLICABLE		t Applicable	
City & State		City & State				\$8.75		
City & State		28			5. Certificate of Status Desired	Fee Re		
Zip	Country	Zip	Cou	ntry	6. Election Campaign Financing	\$5.00	•	
24	25 29 3				Trust Fund Contribution Added to Fees		o Fees	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		
		•		81 Name	· · · · · · · · · · · · · · · · · · ·			
BUCHANAN, JUDY				82 Stree	Address (P.O. Box Number is Not Acceptable)			
413 FLAMINGO DRIVE					·			
APOLLO BEACH FL 33572			'	83				
			:	84 City	·	85 Zip (Code	
					<u> </u>			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florid	la Statutes, the a	bove-name	d corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appoint	changing its	registered distered	
office or r	registered agent, or both, in the State of Im familiar with, and accept the obligation	f Florida. Such chang ons of, Section 617.0	je was authorized 503, Florida Stati	i by the corp utes.	poration's board of directors. Thereby acceptance appoint			
-								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.		Agent signature	required when reinstating) DATE		DC 151 40	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	l P		LETE 1.1 TO	TLE		Change	☐ Addition	
NAME	BUCHANAN, MARK		1.2 NA	ME				
STREET ADDRESS	413 FLAMINGO DRIVE		1.3 ST	REET ADDRESS	3			
CiTY-ST-ZIP	APOLLO BEACH FL 33572	<u>.</u>	1.4 CF	TY-ST-ZIP	<u></u>			
TITLE	V	□ DE	LETE 2.1 TO	TLE		Change	☐ Addition	
NAME	BUCHANAN, JUDY		2.2 N	ME	· ·			
STREET ADDRESS	landar and a series of the ser		2.3 \$1	REET ADDRES	3		•	
CITY-ST-ZIP	APOLLO BEACH FL 33572		2.4C	ITY-ST-ZIP				
TITLE	D	☐ DE	LETE 3.1 π	TLE .		Change	☐ Addition	
NAME .	MOFFENBIER, LINDA		3.2 N/	AME				
STREET ADDRESS			3.3 ST	REET ADDRES				
CITY-ST-ZIP	RIVERVIEW FL	•	3.4. C	ITY-ST-ZIP	· ·			
TITLE	0	DE	LETE 4.1 TI			☐ Change	☐ Addition	
NAME .	BELEZ, AJKANE		4. 2 N	AME				
STREET ADORESS			4.3 \$1	REET ADDRES				
CITY-ST-ZIP	1		440	T) OF TO			(a, i.s. 178)	
Q1+1-Q1-4II	APOLLO REACH EL		4.4 0	TY-ST-ZIP				
	APOLLO BEACH FL	₩ DE			TR	☐ Change	Addition	
TITLE	Т	DE DE		TLE	TR Lynch, Karen	☐ Change	Addition	
TITLE NAME	T SMITH, KATHY	₩ DE	LETE 5.1 TT 5.2 N	TLE	3006 Flo Cir Easi	☐ Change	Addition	
TITLE NAME STREET ADDRESS	T SMITH, KATHY 307 FLAMINGO DRIVE	₩ DE	5.1 TT 5.2 N/ 5.3 ST	TLE NME	3006 Flo Cir Easi	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, KATHY		5.1 TT 5.2 N/ 5.3 ST	TLE AME TREET ADDRES TY-ST-ZIP	TR Ha Lynch, Karen 3006 fla Cir Easi Apollo Beach fl 33572	☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	T SMITH, KATHY 307 FLAMINGO DRIVE		5.1 TT 5.2 NV 5.3 ST 5.4 CI	TLE AME TREET ADDRES TY-ST-ZIP TLE	Apollo Beach fl 33572	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	T SMITH, KATHY 307 FLAMINGO DRIVE APOLLO BEACH FL		5.1TT 5.2 NV 5.3 ST 5.4 CI 6.1 TT 6.2 NV	TLE AME TREET ADDRES TY-ST-ZIP TLE	Apollo Beach fl 33572	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	T SMITH, KATHY 307 FLAMINGO DRIVE APOLLO BEACH FL		5.1 TT 5.2 NV 5.3 ST 5.4 CI 5.1 TT 6.2 NV 6.3 ST 6	TLE AME TREET ADDRES TY-ST-ZIP TLE AME	3006 fla Cir Easí Apollo Beach fl 33572 TR Baker 122 fl Circle	☐ Change	Addition	

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, with all other like empowered.

(813)645-1188