


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N 96000000104 1. Corporation Name Suncoast UW Club of FL, Inc. | | | |
| Principal Place of Business P.O. Box 1104 Palm Harbor, FL 34682 | | Mailing Address P.O. Box 1104 Palm Harbor, FL 34682 | |
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 12309 US 41 | 26 12309 US 41 | 1-2-96 | |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 23 Spring Hill FL | 28 Spring Hill FL | 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 24 34610 | 25 PASCO | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 29 34610 | 30 PASCO | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| Jean Brumley 12309 US 41 Spring Hill, FL 34610 | | 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 Jean Brumley | | DATE 4-24-97 | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE P/D NAME Geoff ERFORTH <input type="checkbox"/> DELETE STREET ADDRESS 803 N WALTON AVE CITY-ST-ZIP Tarpon Springs FL 34689 | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | |
| TITLE VP/D NAME Ken Knous <input type="checkbox"/> DELETE STREET ADDRESS 621 E. Spruce St. CITY-ST-ZIP Tarpon Springs, FL 34689 | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
| TITLE S/D NAME Mrs. Richard Shaw <input type="checkbox"/> DELETE STREET ADDRESS 7300 Bellows Fall Lane CITY-ST-ZIP Hudson, FL 34667 | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | |
| TITLE T/D NAME Jean Brumley <input type="checkbox"/> DELETE STREET ADDRESS 12309 US 41 CITY-ST-ZIP Spring Hill, FL 34610 | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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: Jean Brumley | | Date 4-24-97 Daytime Phone # 813 996-6306 Tues-Fri | |

CR2E037 (9/96)