

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000024724 (5)

1. Corporation Name
ISLAMORADA TENNIS CLUB, INC.

Principal Place of Business
76320 OVERSEAS HWY
ISLAMORADA FL 33036

Mailing Address
70320 OVERSEAS HWY
ISLAMORADA FL 33036-3904



2. Principal Place of Business

21 76320 OVERSEAS HWY

Suite, Apt. #, etc.

22 City & State
ISLAMORADA, FL

23 Zip
33036

24 Country
MONROE

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/02/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0489102

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

GREGG, MARK H
89240 OVERSEAS HWY
SUITE 5
TAVERNIER FL 33070

10. Name and Address of New Registered Agent

81 Name
REGISTER, GARY A
82 Street Address (P.O. Box Number is Not Acceptable)
76320 OVERSEAS HWY
83
84 City
ISLAMORADA FL 85 Zip Code
33036

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 of person whose name is registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 15, 1997

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	REGISTER, GARY A	
STREET ADDRESS	76320 OVERSEAS HWY	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	O	<input type="checkbox"/> DELETE
NAME	STOCK, SONIA F	
STREET ADDRESS	76320 OVERSEAS HWY	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 owner or trustee empowered to execute this report as required by Chapter 607, 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
President

JAN 15, 1997 305 664 5340

Date

Daytime Phone #

CR2E034 (9/96)