FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000042417 (4)

TAMPA BAY GOLF & TENNIS CLUB, INC.

Mailing Address

FILED 96 SEP 16 AM 9: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA



THIRD AND THE PROPERTY OF THE]			
4505 SOUTH ORLANDO F	I GOLDENROD ROAD L 32822		4505 SOUTH GOLDENROD ROAD ORLANDO FL 32822						
						3. Date Incorporated or Qualified 06/07/1993	3a. Date of Last Report 04/13/1995		
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number	·····		Applied For
21		26	· +··· - + · · · · · · · · · · · · · · ·			59-3196534			Not Applicable
Suite, Apt. #, etc		Suite, Apt #, etc	7]			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	1		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Ζφ 24	Gountry 25	Z(p)	Country 30			This corporation has liability for intangible tax under s 199.032, Florida Statutes			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	egistered A	gent	
			8	11	Name				
ZIEGLER, JACK 4505 SOUTH GOLDENROD ROAD				2	Street Add	Address (P.O. Box Number is Not Acceptable)			
	DO FL 32822		8	13					
			8	4	City		FI	85	Zip Code
or registere familiar with	id agent, or both, in the State of Flori i, and accept the obligations of Sect	da. Such enange was authorz bon 607,0505, Florida Statutes	red by the co s.	rpoi	eration's boa	ration submits this statement for the pur ind of directors. Thereby accept the appo	pose of cha untrient as	iging it register	is registered office red agent. I am
5	agrication appoint or printed the in of respective a super-) (1	syndhire regiere	all where terms takings	DATE		····
12.	D OFFICERS AN	D DIRECTORS	13.	г		ADDITIONS/CHANGES TO OFFI		DIREC 1 Chanc	
NAME	WHITTINGTON, DALE L		1 2 NAM				L] Criang	ge 🔲 Addition
STREET ADDRESS	4505 SOUTH GOLDENIROD	ROAD			ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32822		1.4.C+TY						
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NAME			2.2 NAM	Ł					
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			6.2 NAM		- Departed	10	1/60	V	
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CITY-ST-ZIP			6.4 CHY	- 51 -	- Z-F"	(]	~		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and closs not qualify for the exemption stated in Section 1 to 0x3(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 safe legal effect as if made under oath; that I am an officer or director of trie corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dalle Whittington SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 407-280-6340