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

Mailing Address 605 CHESAPEAKE DRIVE

GULF BREEZE FL 32561

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P96000053631

Principal Place of Business

605 CHESAPEAKE DRIVE

GULF BREEZE FL 32561

THE CLUB FAMILY SPORTS COMPLEX, INC.

						3. Date Incorporated or Qualifed 06/20/1996				
Principal Plant	ace of Business	2a. Mailing A	aaress					<u> </u>	Applicable	
21	· · ·	26				59-3390442	00 0000 I I I			
Suite, Apt. /	#, etc.	Suite, Apt	t. #, etc.	•		5. Certifcate of Status Desired	ı 🗆	\$8.75 Ad	1	
ন		27				3. Certificate of States Desired		Fee Req	uired	
City & State City & State						6. Election Campaign Financi	na —	\$5.00 N	/lav Be	
_ Ony & State						Trust Fund Contribution	,a 🗆	Added to		
23		28		ountry						
Zip				Journay		8. This corporation owes the	current year into	∏ Yes 🕽	(INo	
24 25 29 30						1 3.33.12.1				
9. Name and Address of Current Registered Agent						10. Name and Address of No	w Registered /	lgent		
The state of the s					81 Name					
EMLING, CHARLES A					O D D D D D D D D D D D D D D D D D D D					
605 CHESAPEAKE DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)						
GULF BREEZE FL 32561				83				的知识 [2]	建制器	
•			84	City	* \$ 1 ST	· · · · · · · · · · · · · · · · · · ·	85 Zip C	ode		
				9*	City		FL		•	
<u>gar ing paranang</u>	71. TAPLET	2 and 607 1500 5	locido Statutos, the	a above	-named cor	poration submits this statement for	the purpose of	changing its r	egistered	
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 of the state of Florida St										
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
	•									
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable.	(NOTE: Registr	ered Agen	t signature requir	ed when reinstating)	DATE			
12.	OFFICERS AND		1	3.		ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR		
TITLE	D .		DELETE 1.	1 TITLE		1 (A. 183) .		☐ Change	☐ Addition \	
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NAME	EMLING, CHARLES								1	
STREET ADDRESS	605 CHESAPEAKE DRIVE		1.	3 STREET	ADDRESS					
CITY-ST-ZIP	GULF BREEZE FL 32561		1.	4 CITY-S	r-ZIP					
TITLE			DELETE 2	1 TITLE				Change	☐ Addition	
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NAME .	•				***************************************		Table 1	. 1		
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CITY-ST-ZIP				.4. CITY-5	T-ZIP		1 244	Change	Addition	
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STREET ADDRESS	MONTH AT ANY THE REAL PROPERTY.				TADDRESS					
CITY-ST-ZIP "				3.4 CITY-S			-			
4.4	certify that the information supplied with	th this filing does	not qualify for the	exempt	ion stated in	Section 119.07(3)(i), Florida Statu	tes. I further cer	tify that the it	nformation	
14. Thereby certify that the information supplied with this lating upon the earlighter accounts an 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 607, Florida Statutes; and that my name appears in										
officer or	director of the corporation or the receiver Block 13 if changed, or on an attac	iver or trustee em	ipowered to execut idress with all othe	er lika e	eport as req mpowered	uned by Chapter our, I londs Stat		.y		
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SIGNATURE:

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90045 034 ***150.00