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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000029792

1. Corporation Name

THE SUGARLOAF CLUB, INC.

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90010 015 \*\*\*150.00



Principal Place	e of Business	Mailing Address							
701 SPANISH M	AIN DRIVE	701 SPANISH MAIN DRIVE	701 SPANISH MAIN DRIVE						
CUDJOE KEY FL 33042		CUDJOE KEY FL 33042				DO NOT MO	TE 101 TI 110	CDACE	
						DO NOT WRI		SPACE	
						3. Date Incorporated or Qualifed			
						04/01/1998			
	ace of Business	2a. Mailing Address				4. FEI Number 65083240	1	<u> </u>	plied For
21 1426	09 BAD GEORGE					65083240	7	<del></del>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
		27				O. Collisate of District Opening		Fee Re	quired
City & State		City & State			6. Election Campaign Financing	טע 🗆	\$5.00	May Be	
23 SUGARLOAF KEY, FL		28			Trust Fund Contribution	<u> </u>	Added to	o Fees	
Zin	Country	Zip	Country			8. This corporation owes the curr	rent year Int		
24 320	33042 25 USA 29 30					Personal Property Tax.		☐ Yes	<b>⊠</b> No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New	Registered	Agent	
			81	Nam	ne				
Whit	ehead, donald e		82	Ctron	ot Addross	s (P.O. Box Number is Not Accept	ahle)		
701	spanish main drive		62	) Silet	et Audiess	(F.O. BOX NUMBER IS NOT ACCEPT	auto		
CUD	JOE KEY FL 33042		83						
			L						
			84	City			FL	85 Zip C	Code
44 Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statutes	the above	L e-name	ed corpora	tion submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was autho	orized by	the cor	orporation's	s board of directors. I hereby acce	pt the appoi	ntment as rec	gistered
agent. La	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statutes						
SIGNATURE	Signature, typed or printed name of registered age	and and title if andicable (NOTE: Per	nistered Ager	t eignatur	re required wh	en reinstating)	DATE		(
12.			13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	PVST	☐ DELETÉ	1.1 TITLE					Change	Addition
	WHITEHEAD, DONALD E		1.2 NAME						
NAME			1.3 STREE	T +DDDEC					•
STREET ADDRESS					:55				ļ
CITY-ST-ZIP	CUDJOE KEY FL 33042	DELETE	1.4 CITY-S	T-ZIP				Change	Addition
TITLE	D	C DELETE	2.1 TTLE						
NAME	whitehead, donald e		2.2 NAME						
STREET ADDRESS	701 SPANISH MAIN DRIVE 23		2.3 STREE	T ADDRES	:SS				
CITY-ST-ZIP	<del></del>		2. 4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME		3.		3.2 NAME					
STREET ADDRESS	ESS 33		3.3 STREE	T ADDRES	:ss				,
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREE	I ADDRES	ss				
			4.4 CITY-S						
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	1.711				Change	Addition
TITLE			5.2 NAME						
NAME	1		5.3 STREE		:00				
STREET ADDRESS									
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE					☐ Change	Addition
TITLE		☐ DELETE			1				
NAME			6.2 NAME						!
STREET ADDRESS			6.3 STREE	TADDRES	SS				!

CITY-ST-ZIP 14. I 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 reserver 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: