

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90007 006 ***150.00

DOCUMENT # P98000094930

1. Corporation Name

SENIOR GATORS CLUB, INC.

Principal Place of Business

430 PARK PLACE BLVD., STE. 600
CLEARWATER FL 33759

Mailing Address

430 PARK PLACE BLVD., STE. 600
CLEARWATER FL 33759

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1998

4. FEI Number

☒ 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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

~~LENTINI, VINCENT J.~~
430 PARK PLACE BLVD., STE. 600
CLEARWATER FL 33759

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
LOMBARDI, RITA A.
430 Park Place Blvd.

83 Suite 600

84 City Clearwater

FL

85 Zip Code
33759

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 *Rita A. Lombardi*
Signature, typed or printed name of registered agent and title if applicable.

Rita A. Lombardi

2/8/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS PIAZZA, JOHN J
CITY-ST-ZIP 430 PARK PLACE BLVD., STE. 600
CLEARWATER FL 33759

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME
1.3 STREET ADDRESS PIAZZA, JOHN J. SR.
1.4 CITY-ST-ZIP 430 Park Place Blvd Ste. 600
Clearwater, FL 33759 ☒ Change ☐ Addition

2.1 TITLE D
2.2 NAME Rosemary E. Piazza
2.3 STREET ADDRESS 430 Park Place Blvd., Ste 600
2.4 CITY-ST-ZIP Clearwater, FL 33759 ☐ Change ☒ Addition

3.1 TITLE VPD
3.2 NAME Vincent J. Lentini
3.3 STREET ADDRESS 430 Park Place Blvd., Ste 600
3.4 CITY-ST-ZIP Clearwater, FL 33759 ☐ Change ☒ Addition

4.1 TITLE S
4.2 NAME Rita A. Lombardi
4.3 STREET ADDRESS 430 Park Place Blvd., Ste 600
4.4 CITY-ST-ZIP Clearwater, FL 33759 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 receiver 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.

SIGNATURE: *Rita A. Lombardi* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Rita A. Lombardi Date 2/8/99 (727) 793-9300

CR2E034 (11/98)