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FILED

Jan 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S17452

(1)

1. Corporation Name

TREASURE COAST BRIDGE CLUB, INC.

Principal Place of Business

2733 SE MORNINGSDIE BLVD  
PORT ST. LUCIE FL 34952

Mailing Address

2733 SE MORNINGSDIE BLVD  
PORT ST. LUCIE FL 34952-5705



3. Date Incorporated or Qualified  
12/11/1990

3a. Date of Last Report  
01/23/1996

4. FEI Number  
65-0237068

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

2. Principal Place of Business

21 Suite, Apt # etc

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

MORROW, EDWIN  
902 SE BROWNING AVENUE  
PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Charles Epple

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

10 Jan '97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
EPPLE, CHARLES  
STREET ADDRESS  
1720 SE ELKHART TERRACE  
CITY- ST- ZIP  
PORT ST. LUCIE FL

P ☐ DELETE

NAME  
MORROW, EDWIN  
STREET ADDRESS  
902 SE BROWNING AVE.  
CITY- ST- ZIP  
PORT ST. LUCIE FL

V ☐ DELETE

NAME  
MONROE, KATHERINE  
STREET ADDRESS  
1800 NE DIXIE HWY  
CITY- ST- ZIP  
JENSEN BCH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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.

SIGNATURE:

Charles Epple  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Jan '97

Date

521-335-7876

Daytime Phone #

CR2E034 (9/96)