

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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95 APR 21 AM 9:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717696 (9)

1. Corporation Name
PALMETTO-PINE COUNTRY CLUB, INC.

Principal Place of Business 1940 SW 9TH COURT BOX 445 CAPE CORAL FL 33910	Mailing Address 1940 SW 9TH COURT BOX 445 CAPE CORAL FL 33910
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/09/1969	3a. Date of Last Report 02/01/1994
4. FEI Number 59-1284502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**GANN, PAUL W.
1008 SW 18TH TERR.
CAPE CORAL FL 33991**

**DONALD B. ROMLEIN
5608 S.W. 11th Ave.
Cape Coral, Fl. 33914**

10. Name and Address of New Registered Agent

81 Name DONALD B. ROMLEIN
82 Street Address (P.O. Box Number is Not Acceptable) 5608 S.W. 11th Ave.
83 City Cape Coral, Fl. 33914
84 City Cape Coral, Fl.
85 Zip Code FL 33914

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE PD	NAME CAVANAUGH, ROBERT
STREET ADDRESS 1408 SW 52ND LANE	CITY-ST-ZIP CAPE CORAL FL
TITLE TD	NAME GOMER, DAVID
STREET ADDRESS 3510 SE 18TH PL	CITY-ST-ZIP CAPE CORAL FL
TITLE VPD	NAME GANN, PAUL W.
STREET ADDRESS 1008 SW 18TH TERR	CITY-ST-ZIP CAPE CORAL FL
TITLE SD	NAME JAMMERSON, THOMAS
STREET ADDRESS 4131 ORANGE GROVE BLVD.	CITY-ST-ZIP N. FT. MYERS FL
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME James D. Heath	
1.3 STREET ADDRESS 5208 S. W. 3rd Ave.	
1.4 CITY-ST-ZIP Cape Coral, Fl. 33914	
2.1 TITLE Treasurer TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Robert W. Tansing	
2.3 STREET ADDRESS 1123 Pine Lane- Apt. F-1	
2.4 CITY-ST-ZIP Cape Coral, Fl. 33991	
3.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Donald B. Romlein	
3.3 STREET ADDRESS 5608 S. W. 11th Ave.	
3.4 CITY-ST-ZIP Cape Coral, Fl. 33914	
4.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME George McNamara	
4.3 STREET ADDRESS 4280 SE 20th P1 - #805	
4.4 CITY-ST-ZIP Cape Coral, Fl. 33904	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), Florida Statutes. I further certify that the information located 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed in an amendment with an address.

SIGNATURE:  **DONALD B. ROMLEIN** Date: **8-5-94-7262** Daytime Phone: _____

VICE-PRES.