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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **717696** (9)

1. Corporation Name

PALMETTO-PINE COUNTRY CLUB, INC.



Principal Place of Business

Mailing Address

1940 SW 9TH COURT
BOX 445
CAPE CORAL FL 33910

1940 SW 9TH COURT
BOX 445
CAPE CORAL FL 33910

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROMLEIN, DONALD B.
5608 SW 11 AVE
CAPE CORAL FL 33914

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME HEATH, JAMES D.
STREET ADDRESS 5208 SW 3RD AVE
CITY-ST-ZIP CAPE CORAL FL

TITLE TD ☒ DELETE

NAME TANSING, ROBERT W.
STREET ADDRESS 1123 PINE LANE #F1
CITY-ST-ZIP CAPE CORAL FL

TITLE VPD ☒ DELETE

NAME ROMLEIN, DONALD B.
STREET ADDRESS 5608 SW 11 AVE
CITY-ST-ZIP CAPE CORAL FL

TITLE SD ☐ DELETE

NAME MCNAMARA, GEORGE
STREET ADDRESS 4280 SE 20TH PL #805
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ DELETE

NAME DIRECTOR
BUOL, MARTIN
STREET ADDRESS 5207 SW 5th PL
CITY-ST-ZIP CAPE CORAL, FL. 33914

TITLE ☐ DELETE

NAME DIRECTOR
BROWN, ROBERT
STREET ADDRESS 1814 SW 11th Ave.
CITY-ST-ZIP CAPE CORAL, FL. 33991

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DIRECTOR ☐ Change ☒ Addition

RODNEY, RICHARD

3731 SE 21st PL

CAPE CORAL, FL 33904

TREASURER ☒ Change ☐ Addition

WILLIAMS, HAROLD E.
4828 Golf Club Ct. Apt. B-6
N. Ft. Myers, FL. 33903

PRESIDENT ☒ Change ☐ Addition

ROMLEIN, DONALD B.
5608 SW 11 Ave.
CAPE CORAL, FL. 33914

DIRECTOR ☐ Change ☒ Addition

PETERS, DONALD
2803 S. E. 18th Ct.
CAPE CORAL, FL. 33904

VPD ☐ Change ☒ Addition

BOMER, JOHN
5134 Santa Rosa Ct.
Cape Coral, FL. 33904

DIRECTOR ☐ Change ☒ Addition

YOCHEN, MARILYN
1138 SW 16th Ter.
CAPE CORAL, FL 33991

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

H.E. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 3, 1996 (941) 335-2956
Date Date Phone #

CR2E037 (12/95)