

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

Mailing Address

**1940 SW 9TH COURT  
BOX 445  
CAPE CORAL FL 33910**

**1940 SW 9TH COURT  
BOX 445  
CAPE CORAL FL 33910-0445**



2. Principal Place of Business

2a. Mailing Address

**21 1940 S. W. 9th Court**

**25 P. O. BOX 150429**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Cape Coral, Fl.**

**27 Cape Coral, Fl.**

City & State

City & State

**23 33991**

**USA**

**28 33915**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**12/09/1969**

3a. Date of Last Report  
**04/08/1996**

4. FEI Number  
**59-1294502**

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

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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RODNEY, RICHARD</b>	
STREET ADDRESS	<b>3731 SE 21ST PLACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, HAROLD E.</b>	
STREET ADDRESS	<b>4828 GOLF CLUB COURT APT B-6</b>	
CITY-ST-ZIP	<b>NORTH FORT MYERS FL 33903</b>	

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ROMLEIN, DONALD B</b>	
STREET ADDRESS	<b>5608 SW 11 AVENUE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33903</b>	

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCMAMARA, GEORGE</b>	
STREET ADDRESS	<b>4280 SE 20TH PL #805</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, ROBERT</b>	
STREET ADDRESS	<b>1814 SW 11TH AVENUE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33991</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUOL, MARITN</b>	
STREET ADDRESS	<b>5207 SW 5TH PL</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Andy Sargis</b>	
1.3 STREET ADDRESS	<b>2118 SW 12th Place</b>	
1.4 CITY-ST-ZIP	<b>Cape Coral, Fl. 33991</b>	

2.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Helen Hitch</b>	
2.3 STREET ADDRESS	<b>1206 S.E. 40th St. (A-205)</b>	
2.4 CITY-ST-ZIP	<b>Cape Coral, Fl. 33904</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

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	<b>000002130500</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>-04/01/97--01066--030</b>	
6.3 STREET ADDRESS	<b>***\$61.25</b>	
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. 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  **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONALD B. Romlein**  
**PRESIDENT** **3-25-97**

**941-574-7262**  
Daytime Phone # **0056446**

CR2E037 (9/96)