## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

FILED										
Mar 24 1998 8:00am										
Secretary of State										

PALMET	TO-PINE COUNTRY CLU	B, INC.							
Principal Place o	of Business	Mailing Address				T (DDIAL LAND) LINIT INSIL DEFIN INTER CITY DIDIL OF	JUL BURN DING	1 <b>010/1 01011 100</b> 1	
1940 SW 9TH CO BOX 445 CAPE CORAL FL		P.O. BOX 150429 CAPE CORAL FL 33915				3. Date Incorporated or Qualified  12/09/1969  4. FEI Number Applied For 59-1294502 Not Applied			
2. Principal Place 19	e of Business 40 SW 9th Court	2a. Mailing Address				5. Certificate of Status Desired	CO 7E A 4-10		
Suite, Apt. #, etc 22 Cape Coral, Fl.		Suite, Apt. #, etc.	H			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State 23 33991 3000 USA		City & State			7. Is this nonprofit corporation a homeowners association?				
Ζιρ <b>24</b>	Country 25	Zip Counti				8. This corporation owes or has paid the current year Intang ble Personal Property Tax due June 30.			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent		
ROMLEIN, DONALD B. 5608 SW 11 AVE				81 82	Name Street Addre	ess (P.O. Box Number is Not Acceptable)			
CAPE CORAL FL 33914			83						
				84	City	FL	85 Zi	ip Cod∋	
office or rea	the provisions of Sections 617.05 istered agent, or both, in the Sta familiar with, and accept the obli	le of Florida. Such change was	s authorize	d by	the corporati	oration submits this statement for the purpose o on's board of directors. I hereby accept the app	changing cointment	j its registered as registered	
SIGNATURE	mature, typed or printed name of registered a	gent and title if applicable (Ni	OTE: Registere	d Age	nt signature require	ed when reinstating) DATE			

SIGNATURE												
Signature, typed or presided name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFIC								
TITLE	<b>\$</b>	DELETE	1.1 TITLE	S	Change	Addition						
NAME	SARGIS, ANDY		1.2 NAME	Ulshafer, Roger M.		·						
STREET ADDRESS	2118 SW 12TH PLACE		1.3 STREET ADDRESS	1002 SW 18th Terrace								
CITY-ST-ZIP	CAPE CORAL FL 33991		1.4 CITY - ST - ZIP	Cape Coral FL 33991								
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	Addition						
NAME	HITCH, HELEN		2.2 NAME									
STREET ADDRESS	1206 SE 40TH ST.(A-205)		2.3 STREET ADDRESS			ļ						
CITY-ST-ZIP	CAPE CORAL FL 33904		2.4 CITY-ST-ZIP									
TITLE	P	DELETE	3.1 TITLE		Change	Addition						
NAME	ROMLEIN, DONALD B		3.2 NAME									
STREET ADDRESS	5608 SW 11 AVENUE		3.3 STREET ADDRESS									
CITY-ST-ZIP	CAPE CORAL FL 33903		3.4. CITY-ST-ZIP									
TITLE	SD	DELETE	4.1 TITLE	D	∠ Change	Addition						
NAME	MCNAMARA, GEORGE		4. 2 NAME	Sargis, Andy								
STREET ADDRESS	4280 SE 20TH PL #805			2118 SW 12th Place								
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY - ST - ZIP	Cape Corel FL 33991								
TITLE	D	☐ DELETE	5.1 TITLE	V-P	<b>∠</b> Change	Addition						
NAME	BROWN, ROBERT		5.2 NAME	Brown, Robert								
STREET ADDRESS	1814 SW 11TH AVENUE		5.3 STREET ADORESS	Brown, Robert 1814 SW 11th Ave.								
CITY-ST-ZIP	CAPE CORAL FL 33991		5.4 CITY-ST-ZIP	Cape Coral, Fl 33991								
TITLE	D	DELETE	6.1 TITLE	D	🔼 Change	Addition						
NAME	Buol, Maritn		6.2 NAME	Donald Peters								
STREET ADDRESS	5207 SW 5TH PL		6.3 STREET ADDRESS	2803 SE 18th Ct.								
CiTY+ST-ZiP	CAPE CORAL FL 33914		6.4 City+St-7iP	2007 36 10011 66.								

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Bletich 91907 (8)(f). 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 13 if changed, or on an attachment with an address.

CIGNATURE:

SIGNATURE:

941-574-72-62