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**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90009 013 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 717696**

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

Principal Place of Business 1940 SW 9TH CT BOX 445 CAPE CORAL FL 33991 US	Mailing Address P.O. BOX 150429 CAPE CORAL FL 33915
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/09/1969</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1294502</b>
22. City & State	27. City & State	Applied For Not Applicable.
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24. Country	25. Zip	29. Zip
30. Country		

9. Name and Address of Current Registered Agent

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

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 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]* DATE **3-23-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SARGIS, ANDY	
STREET ADDRESS	2118 SW 12TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HITCH, HELEN	
STREET ADDRESS	1206 SE 40TH ST.(A-205)	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROMLEIN, DONALD B	
STREET ADDRESS	5608 SW 11 AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33903	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ULSHAFFER, ROGER M.	
STREET ADDRESS	1002 SW 18TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, ROBERT	
STREET ADDRESS	1814 SW 11TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETERS, DONALD	
STREET ADDRESS	2803 SE 18TH CT	
CITY-ST-ZIP	CAPE CORAL FL 33904	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sargis, Andy	
1.3 STREET ADDRESS	2118 SW 12th Place	
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33991	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ULSHAFFER, ROGER M	
4.3 STREET ADDRESS	1002 SW 18th TERR	
4.4 CITY-ST-ZIP	CAPE CORAL, FL 33991	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Williams, Harold E	
5.3 STREET ADDRESS	4828 Golf Club Ct Apt B-6	
5.4 CITY-ST-ZIP	No. Fort Myers FL 33903	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE **3-23-99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CD2EN27 (11/08)