

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
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DOCUMENT # **736244** (5)

1. Corporation Name

KINGSWAY COUNTRY CLUB, INCORPORATED



Principal Place of Business

Mailing Address

**13625 SW KINGSWAY CIR
LAKE SUZY FL 33621
US**

**13625 SW KINGSWAY CIR
LAKE SUZY FL 33621
US**

3. Date Incorporated or Qualified

06/29/1976

4. FEI Number

59-1679966

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARR, DAROL
115 WEST OLYMPIA AVE
P.O. DRAWER 511447
PUNTA GORDA FL 33951**

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 **DP** ☒ DELETE
NAME **FISHER, PIERRE J**
STREET ADDRESS **11250 SW CRYTBET DRIVE**
CITY-ST-ZIP **LAKE SUZY FL**

1.1 TITLE **DV** ☐ Change ☒ Addition
1.2 NAME **Jim Troncin**
1.3 STREET ADDRESS **12856 S.W. Pembroke Circle**
1.4 CITY-ST-ZIP **Lake Suzy, FL 34266**
VP

TITLE **DV** ☒ DELETE
NAME **UCHTER, JACK**
STREET ADDRESS **12039 KINGSWAY CIRCLE**
CITY-ST-ZIP **LAKE SUZY FL**

2.1 TITLE **DT** ☐ Change ☒ Addition
2.2 NAME **Fred Satchell**
2.3 STREET ADDRESS **2830 Don Quixote Drive**
2.4 CITY-ST-ZIP **Punta Gorda, FL 33950-6352**
Treas.

TITLE **DS** ☐ DELETE
NAME **CAMPBELL, W M**
STREET ADDRESS **11329 SW ESSEX DRIVE**
CITY-ST-ZIP **LAKE SUZY FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Roy Brumfield**
3.3 STREET ADDRESS **11933 S.W. Kingsway Circle**
3.4 CITY-ST-ZIP **Lake Suzy, FL 34266**

TITLE **DT** ☒ DELETE
NAME **GARCIA, MICHAEL H.**
STREET ADDRESS **175 KINGS HIGGWAY #8C4**
CITY-ST-ZIP **PT. CHARLOTTE FL 33983**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Lola Purcell**
4.3 STREET ADDRESS **21196 Burkhart Dr.**
4.4 CITY-ST-ZIP **Port Charlotte, FL**

TITLE **D** ☒ DELETE
NAME **ENGSTROM, PETER**
STREET ADDRESS **2725 ST. THOMAS DRIVE**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **FISHER, PIERRE J**
STREET ADDRESS **11250 SW COURTNEY DRIVE**
CITY-ST-ZIP **LAKE SUZY FL**

6.1 TITLE ☐ Change ☐ 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)(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; 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:

[Signature]

4-27-98 625-1785

CR25037 (10/97)