

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90214 037 \*\*\*\*70.00

|                                                 |                                                                                   |                                                                                                                 |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

**DOCUMENT # 736244**

1. Corporation Name

**KINGSWAY COUNTRY CLUB, INCORPORATED**

Principal Place of Business

13625 SW KINGSWAY CIR  
 LAKE SUZY FL 33821  
 US

Mailing Address

13625 SW KINGSWAY CIR  
 LAKE SUZY FL 33821  
 US



|                                |  |                     |  |                                                                                                             |  |
|--------------------------------|--|---------------------|--|-------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                                                                           |  |
| 21                             |  | 26                  |  | 06/29/1976                                                                                                  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number                                                                                               |  |
| 22                             |  | 27                  |  | 59-1679966                                                                                                  |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required         |  |
| 23                             |  | 28                  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| Zip                            |  | Zip                 |  | Country                                                                                                     |  |
| 24                             |  | 25                  |  | 29                                                                                                          |  |
| Country                        |  | Country             |  | 30                                                                                                          |  |

9. Name and Address of Current Registered Agent

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

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, 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                      | DELETE                  | 1.1 TITLE                                             | Ted Blanchard IV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| NAME                       | TRONCIN, JIM            | 1.2 NAME                                              | P.O. Box 380939                                                                                     |
| STREET ADDRESS             | 12856 SW PEMBROKE CIR   | 1.3 STREET ADDRESS                                    | Murdock, FL 33938-0939                                                                              |
| CITY-ST-ZIP                | LAKE SUZY FL 34266      | 1.4 CITY-ST-ZIP                                       | Treasurer                                                                                           |
| TITLE                      | DELETE                  | 2.1 TITLE                                             | Lee Walbridge <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| NAME                       | SATCHELL, FRED          | 2.2 NAME                                              | 13009 S. W. Kingsway Circle                                                                         |
| STREET ADDRESS             | 2830 DON QUOTE DR       | 2.3 STREET ADDRESS                                    | Lake Suzy, FL 34266                                                                                 |
| CITY-ST-ZIP                | PUNTA GORDA FL 33950    | 2.4 CITY-ST-ZIP                                       |                                                                                                     |
| TITLE                      | DELETE                  | 3.1 TITLE                                             | Henry Povinelli <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| NAME                       | DS CAMPBELL, W M        | 3.2 NAME                                              | 12621 S.W. Kingsway Circle                                                                          |
| STREET ADDRESS             | 11329 SW ESSEX DRIVE    | 3.3 STREET ADDRESS                                    | Lake Suzy, FL 34266                                                                                 |
| CITY-ST-ZIP                | LAKE SUZY FL            | 3.4 CITY-ST-ZIP                                       |                                                                                                     |
| TITLE                      | DELETE                  | 4.1 TITLE                                             | Jim Troncin <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | BRUMFIELD, ROY          | 4.2 NAME                                              | 12856 SW Pembroke Circle                                                                            |
| STREET ADDRESS             | 11933 SW KINGSWAY CIR   | 4.3 STREET ADDRESS                                    | Lake Suzy, FL 34266                                                                                 |
| CITY-ST-ZIP                | PT. CHARLOTTE FL 34266  | 4.4 CITY-ST-ZIP                                       | President                                                                                           |
| TITLE                      | DELETE                  | 5.1 TITLE                                             | Roy Brumfield <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |
| NAME                       | PURCELL, LOIS           | 5.2 NAME                                              | 11933 SW Kingsway Circle                                                                            |
| STREET ADDRESS             | 21196 BURKHART DR       | 5.3 STREET ADDRESS                                    | Lake Suzy, FL 34266                                                                                 |
| CITY-ST-ZIP                | PUNTA GORDA FL 33950    | 5.4 CITY-ST-ZIP                                       | Vice President                                                                                      |
| TITLE                      | DELETE                  | 6.1 TITLE                                             | Jeff Leonard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| NAME                       | P FISHER, PIERRE        | 6.2 NAME                                              | 2000 Rio De Janiero                                                                                 |
| STREET ADDRESS             | 11250 SW COURTNEY DRIVE | 6.3 STREET ADDRESS                                    | Punta Gorda, FL                                                                                     |
| CITY-ST-ZIP                | LAKE SUZY FL            | 6.4 CITY-ST-ZIP                                       | Secretary                                                                                           |

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED LEONARD

04/15/99

(941) 625-1985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)