

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90119 050 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 756091

1. Corporation Name  
**RIO PINAR COUNTRY CLUB, INC.**

Principal Place of Business Mailing Address  
 8600 EL PRADO DR. 8600 EL PRADO DR.  
 ORLANDO FL 32825 ORLANDO FL 32825



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/28/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0835421	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24 25		29 30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STRZALKO, JAMES 589 LAGOON DR. OVIEDO FL 32765				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMICO, VINCENT		1.2 NAME	ROSEMARY SMITH	
STREET ADDRESS	831 CONGHAVEN DRIVE		1.3 STREET ADDRESS	8330 CANACAS AVE.	
CITY-ST-ZIP	MAITLAND FL		1.4 CITY-ST-ZIP	ORLANDO, FL. 32825	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNEAN, PETE		2.2 NAME	WARREN CARRUTHERS	
STREET ADDRESS	1940 COTSWOLD DR		2.3 STREET ADDRESS	932 PINAR DR.	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO, FL. 32825	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WASHBURN, CRAIG		3.2 NAME	PAUL DUMM	
STREET ADDRESS	8820 EL PRADO DR		3.3 STREET ADDRESS	820 DEERWOOD AVE.	
CITY-ST-ZIP	ORLANDO FL 32825		3.4 CITY-ST-ZIP	ORLANDO, FL. 32825	
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGSTON, DAN		4.2 NAME	MICK NICKLAZZINA	
STREET ADDRESS	1523 ENSENADA DRIVE		4.3 STREET ADDRESS	1956 COTSWOLD DR.	
CITY-ST-ZIP	ORLANDO FL 32825		4.4 CITY-ST-ZIP	ORLANDO, FL. 32825	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPRIES, GEORGE		5.2 NAME	JACK WEISS	
STREET ADDRESS	830 PINAR DR		5.3 STREET ADDRESS	4903 BARCELONA ST.	
CITY-ST-ZIP	ORLANDO FL 32825		5.4 CITY-ST-ZIP	ORLANDO, FL. 32807	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YANGE, STEVE		6.2 NAME	TIM MOORHEAD	
STREET ADDRESS	8812 EL PRADO DR		6.3 STREET ADDRESS	1907 COTSWOLD DR.	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	ORLANDO, FL. 32825	

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] DATE: 5/29/99 DAYTIME PHONE #: 272-5121

CR2E037 (11/98)