

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **753558** (6)

1. Corporation Name

LIVE OAK GOLF & COUNTRY CLUB, INC.



Principal Place of Business

Mailing Address

**STAR RT 2 BOX 452
CRESCENT CITY FL 32112**

**STAR RT 2 BOX 452
CRESCENT CITY FL 32112**

3. Date Incorporated or Qualified
07/30/1980

3a. Date of Last Report
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21 **HC 2 Box 452**

26 **HC 2 Box 452**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Crescent City, FL**

28 **Crescent City, FL**

Zip

Country

Zip

Country

24 **32112**

25 **Putnam**

29 **32112**

30 **Putnam**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PADGETT, JAMES L.
315 EAST CENTRAL AVENUE
CRESCENT CITY FL**

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 date of appointment

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **KEATHLEY, WILLIAM**
STREET ADDRESS **505 N LAKE ST**
CITY-STATE-ZIP **CRESCENT CITY FL**

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **WATERBURY, DAVE**
1.3 STREET ADDRESS **HC 1 BOX 675 Z**
1.4 CITY-STATE-ZIP **GEORGETOWN, FL 32139** **N/A**

TITLE **V** ☒ DELETE
NAME **PETERSON, JEROME**
STREET ADDRESS **P.O. BOX 75 N/A**
CITY-STATE-ZIP **GEORGETOWN FL 32139**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **SMITH, ROY**
2.3 STREET ADDRESS **P O BOX 591**
2.4 CITY-STATE-ZIP **SAN MATEO, FL 32187** **N/A**

TITLE **ST** ☒ DELETE
NAME **GAREAU, LEE**
STREET ADDRESS **P.O. BOX 75 N/A**
CITY-STATE-ZIP **GEORGETOWN FL 32139**

3.1 TITLE **T** ☐ Change ☒ Addition
3.2 NAME **DELARM, JOHN**
3.3 STREET ADDRESS **P O Box 606**
3.4 CITY-STATE-ZIP **San Mateo, FL 32187** **N/A**

TITLE **D** ☒ DELETE
NAME **NARMORE, JEANNE**
STREET ADDRESS **P.O. BOX 66 N/A**
CITY-STATE-ZIP **WEKALA FL 32193**

4.1 TITLE **S** ☒ Change ☐ Addition
4.2 NAME **NARMORE, JEANNE**
4.3 STREET ADDRESS **P O BOX 66**
4.4 CITY-STATE-ZIP **WELAKA, FL 32193** **N/A**

TITLE **D** ☐ DELETE
NAME **SCHAMLE, ROBERTA**
STREET ADDRESS **STAR RT 2 BOX 389 N/A**
CITY-STATE-ZIP **CRESCENT CITY FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **RYPMA, ROBERT**
5.3 STREET ADDRESS **P O BOX 580**
5.4 CITY-STATE-ZIP **WELAKA, FL 32193** **N/A**

TITLE **D** ☐ DELETE
NAME **LABERTEAUX, ROBERT**
STREET ADDRESS **STAR RT 2 BOX 442 F N/A**
CITY-STATE-ZIP **CRESCENT CTY FL**

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME **PETERSON, JEROME**
6.3 STREET ADDRESS **P O BOX 75**
6.4 CITY-STATE-ZIP **GEORGETOWN, FL 32139** **N/A**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

John Delarm *John Delarm*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/94
Date

Daytime Phone #

CR2E037 (12/95)