

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90209 028 ***150.00

DOCUMENT # 233364

1. Entity Name
DELAND GOLF COURSE, INC.



Principal Place of Business
**2289 COUNTRY CLUB DR
DELAND, FL 32724-8380 US**

Mailing Address
**2289 COUNTRY CLUB DR
DELAND, FL 32724-8380 US**

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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007 Chg-P CR2E034 (12/06)

4. FEI Number
59-0972032

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALEXANDER, WILLIAM
305 STRATFORD DRIVE
DELAND, FL 32724**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bill E. Alexander

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/09/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ALEXANDER, WILLIAM**
STREET ADDRESS **305 STRATFORD DR**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TS** ☐ Delete
NAME **LINDENBERG, RICHARD**
STREET ADDRESS **484 BLACK IRONWOOD RD**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **see attached**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **DOREEN, COURTHEYN**
STREET ADDRESS **483 PRINCEWOOD DR**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BASSO, RICHARD**
STREET ADDRESS **1026 LAKE HELEN OSTEEN RD**
CITY-ST-ZIP **LAKE HELEN, FL 32744**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MCNULLA, JAMES**
STREET ADDRESS **983 TORCHWOOD DR**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **NYE, GLENN**
STREET ADDRESS **228-C E NEW YORK AVE**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bill E. Alexander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07

Date

386-734-9675

Daytime Phone #

ATTACHMENT

60601197

ATTACHMENT TO DOCUMENT#233364

11.

PRESIDENT

ALEXANDER, WILLIAM
305 STRATFORD DR.
DELAND, FL 32724

VICE PRESIDENT

NYE, GLENN
228-C E. NEW YORK AVE.
DELAND, FL 32724

TREASURER

HUGHES, JAMES
623 E. PLYMOUTH AVE.
DELAND, FL 32724

SECRETARY

COURTHEYN, DOREEN
483 PRINCEWOOD DR.
DELAND, FL 32724

DIRECTOR

LINDENBERG, RICHARD
484 BLACK IRONWOOD RD.
DELAND, FL 32724

DIRECTOR

MCMASTER, BERNARD
237 DELEON RD.
DEBARY, FL 32713

DIRECTOR

SUMMERS, JOHN
851 N. KANSAS AVE.
DELAND, FL 32724