

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 10, 2008 08:00 AM
Secretary of State**

DOCUMENT # 294241

1. Entity Name
SEMINOLE LAKE GOLF COURSE INC



Principal Place of Business
**6100 AUGUSTA BLVD
SEMINOLE, FL 33777-4720**

Mailing Address
**6100 AUGUSTA BLVD
SEMINOLE, FL 33777-4720**



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1100305

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CUNNINGHAM, ROY F
332 N MCGOWAN AVENUE
CRYSTAL RIVER, FL 34429**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS, MAXIE
STREET ADDRESS	100 QUINWOOD DRIVE
CITY-ST-ZIP	JACKSON, TN 38305
TITLE	DST
NAME	CUNNINGHAM, ROY F
STREET ADDRESS	332 N MCGOWAN AVENUE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	D
NAME	CUNNINGHAM, NANCY B
STREET ADDRESS	11565 EAST GULF TO LAKE HIGHWAY
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000853314
03/26/08-80064-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/08