

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90033 019 \*\*\*150.00

DOCUMENT # 312080

1. Corporation Name

SILVER LAKE GOLF AND COUNTRY CLUB OF LAKE COUNTY  
, INC.

Principal Place of Business

9435 SILVER LAKE DR.  
LEESBURG FL 34788

Mailing Address

9435 SILVER LAKE DR.  
LEESBURG FL 34788

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1966

4. FEI Number

59-1158325

Applied For  
Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

GILL, ARTHUR C  
1833 CRANBERRY ISLE  
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name

Mary S. Thompson

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

9435 Silver Lk Dr

83

84 City

Leesburg

FL

85 Zip Code

34788

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Mary S. Thompson*

DATE

3/31/99

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

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME P  
WISWEDEL, WAYNE  
STREET ADDRESS 33440 LAKE BEND CIR  
CITY-ST-ZIP LEESBURG FL 34788

TITLE ☐ DELETE

NAME VPS  
JANS, FRED  
STREET ADDRESS 33717 TARLTON DR  
CITY-ST-ZIP LEESBURG FL 34788

TITLE ☒ DELETE

NAME T  
WAGAR, RAY  
STREET ADDRESS 33302 LAKE BEND CIR  
CITY-ST-ZIP LEESBURG FL 34788

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME Pres.  
JANS, Fred  
STREET ADDRESS 33717 TARLTON  
CITY-ST-ZIP LEESBURG FL 34788

2.1 TITLE ☐ Change ☒ Addition

NAME VPS  
KARNES, BRYAN C  
STREET ADDRESS 9810 JACKSON RD  
CITY-ST-ZIP LEESBURG FL 34788

3.1 TITLE ☐ Change ☒ Addition

NAME T  
MILLER, ROBERT  
STREET ADDRESS 2409 W. COACH N FOUR  
CITY-ST-ZIP LEESBURG FL 34748

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 607, 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:

*Fred Jans*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/99

CR2E034 (1.1/98)

0511424