

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 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90255 042 \*\*\*150.00

DOCUMENT # 327551

1. Corporation Name

GOLDEN HILLS GOLF AND TURF CLUB, INC.



Principal Place of Business

4782 N W 80TH AVENUE  
OCALA FL 34482  
US

Mailing Address

4782 N W 80TH AVENUE  
OCALA FL 34482  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1968

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-1027876

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes No

9. Name and Address of Current Registered Agent

BURKEE, ROGER P.  
5570 NW 80TH AVE RD  
OCALA FL 34482

10. Name and Address of New Registered Agent

81 Name

DURKEE, ROGER P

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

SAME

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME KINDBERG, SUZANNE  
STREET ADDRESS 7613 N.W. 46TH STREET  
CITY-ST-ZIP Ocala FL 34482 ☒ DELETE

TITLE VP  
NAME CALLAHAN, JAMES G  
STREET ADDRESS 5738 NW 80TH AVE RD  
CITY-ST-ZIP Ocala FL ☐ DELETE

TITLE S  
NAME WARREN, PAUL  
STREET ADDRESS 4509 NW 79TH TERRACE RD  
CITY-ST-ZIP Ocala FL 34482 ☐ DELETE

TITLE P  
NAME DURKEE, ROGER  
STREET ADDRESS 5570 NW 80TH AVE RD  
CITY-ST-ZIP Ocala FL 34482 ☐ DELETE

TITLE T  
NAME CLINE, BEN  
STREET ADDRESS 7769 NW 56TH PLACE  
CITY-ST-ZIP Ocala FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

VP

LANGLOIS, JACK D

☒

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-26-99

629-7981

CR2E034 (1/98)