

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

FILED

Feb 09 1996 8:00 am

Secretary of State

DOCUMENT # 708274 (6)

1. Corporation Name

CLEWISTON GOLF COURSE, INC.

Principal Place of Business

Mailing Address

1200 SAN LUIZ
P.O. BOX 998
CLEWISTON FL 33440

1200 SAN LUIZ
P.O. BOX 998
CLEWISTON FL 33440

3. Date Incorporated or Qualified
12/17/1964

3a. Date of Last Report
05/01/1995

4. FEI Number
59-6000029

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Clewiston Golf Course

26 P.O. Box 998

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Clewiston, FL

28 City & State
Clewiston, FL

24 Zip
33440

25 Country
Hendry

29 Zip
33440

30 Country
Hendry

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASQUIN, JACK
107 SUGARLAND CIRCLE
CLEWISTON FL 33440

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: *Jack D. Basquin*
Signature, typed or printed name of registered agent and title if applicable

Jack D. Basquin PD

JAN 31, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME MCCALLUM, JOHN D
STREET ADDRESS 203 VIA DEL AGUA
CITY-ST-ZIP CLEWISTON FL 33440 ☐ DELETE

11 TITLE SD
12 NAME McCallum, John D.
13 STREET ADDRESS 203 Via Del Agua
14 CITY-ST-ZIP Clewiston, FL 33440 ☐ Change ☐ Addition

TITLE VD
NAME WHITEHEAD, JOE D
STREET ADDRESS 108 MYRTLE LANE
CITY-ST-ZIP CLEWISTON FL 33440 ☒ DELETE

21 TITLE VD
22 NAME Thom Springfield
23 STREET ADDRESS 102 Indian Hills Dr
24 CITY-ST-ZIP Clewiston, FL 33440 ☒ Change ☐ Addition

TITLE PD
NAME BASQUIN, JACK D
STREET ADDRESS 107 SUGARLAND CIRCLE
CITY-ST-ZIP CLEWISTON FL 33440 ☐ DELETE

31 TITLE PD
32 NAME Basquin, Jack D
33 STREET ADDRESS 107 Sugarland Circle
34 CITY-ST-ZIP Clewiston, FL 33440 ☐ Change ☐ Addition

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

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: *Jack D. Basquin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack D. Basquin

JAN 31, 1996

Date

Daytime Phone #

941-983-1448

CR2E037 (12/95)