

FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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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 US	P.O. BOX 998 1200 SAN LUIZ CLEWISTON FL 33440 US

3. Date Incorporated or Qualified

12/17/1964

4. FEI Number

58-6000029

Applied For

Not Applicable

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

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

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

John Polhill

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

415 County Rd. 720

83

84 City

Clewiston

FL

85 Zip Code

33440

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

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

(NOTE: Registered Agent signature required when reinstating)

1/24/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCALLUM, JOHN D.	
STREET ADDRESS	435 E DEL MONTE	
CITY-ST-ZIP	CLEWISTON FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BASQUIN, JACK D.	
STREET ADDRESS	107 SUGARLAND CIRCLE	
CITY-ST-ZIP	CLEWISTON FL	

2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robbie Castellanos	
2.3 STREET ADDRESS	234 W. Circle Dr.	
2.4 CITY-ST-ZIP	Clewiston, FL 33440	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	POLHILL, JOHN	
STREET ADDRESS	PO BOX 998	
CITY-ST-ZIP	CLEWISTON FL	

3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Polhill	
3.3 STREET ADDRESS	415 County Rd. 720	
3.4 CITY-ST-ZIP	Clewiston, FL 33440	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 redevel 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:

John Polhill

REQUIRED

1/24/98 (94) 983-3835

CR2E037 (10/97)