NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Feb 18, 1999 8:00 am § Secretary of State

	1999	A SOO WE TEST	DIVISION OF CO	DRPORAT	IONS	02-18-1	999 90086 0	34 ****61.2	25
DOCUI	MENT # 70	8390							
CLEWISTON COUNTRY CLUB, INC.						7.0489_90086-34			
							•		
Principal Place	e of Business	Ma	illing Address						
SAN LUIS AVENUE SAN LUIS AVENUE									
P.O. BOX 1105 P.O. BOX 1105 CLEWISTON FL 33440 CLEWISTON FL 33440									
3221113131111									
2. Principal Place of Business			2a. Mailing Address			3. Date Incorporated or Qualifed 01/29/1965			
1		26	C.::- A-A # -t-			4. FEI Number		. And	lied For
Suite, Apt.	#, etc.	-	Suite, Apt. #, etc.			59-1099972		· · ·	Applicable
2 City & Stat	e	27	City & State					\$8.75 A	
3	-	28				5. Certifcate of Status Desi	red 🔲	Fee Red	quired
Zip	Country		Zip	Country	/	6. Election Campaign Final	ncing _	\$5.00	- 1
4	25	29		10		Trust Fund Contribution		Added to	Fees
	9. Name and Addres	s of Current Regis	tered Agent	81	Name	10. Name and Address of	New Registered	1 Agent	
								<u> </u>	
PELHAM, LINDA S					Street Add	ress (P.O. Box Number is Not A	cceptable)		
707 HOOVER DIKE RD					 				
#302								In-Time o	
CLEWISTON FL 33440					City		· FI	85 Zip C	ode
11. Pursuant	to the provisions of Secti	ons 617.0502 and 6	17.1508, Florida Statutes	, the abov	e-named corp	poration submits this statement f	or the purpose of	f changing its	registered
office or r	registered agent, or both, am familiar with, and acce	in the State of Florid	 Such change was auf 	วากตรคด DV	the comorati	on's board of directors. I hereby	accept the appo	anuneni as reg	listated
SIGNATURE	• 1						• •		
	Signature, typed or printed name				nt signature requin	ad when reinstating) ADDITIONS/CHANGES 3	DATE	ND DIRECTO	RS IN 12
12.	r	FICERS AND DIRE	CTORS ☐ DELETE	13.	 T	ADDITIONS/CHANGES 1	O OI FICENS A	Change	Addition
TITLE	DACC DODEDT H		Lug Dece ie	1.2 NAME					_
NAME STREET ADDRESS	Bass, Robert H. 440 e haiti avenui	=			T ADDRESS	•	•	1	
	CLEWISTON FL	-		1.4 CITY-5			-		Į
CITY-ST-ZIP TITLE			☐ DELETE	2.1 TITLE				Change	Addition
NAME	PELHAM, LINDA S			2.2 NAME		,			
STREET ADDRESS		RD #302		2.3 STREE	T ADDRESS		,		
CITY-ST-ZIP	CLEWISTON FL			2. 4 CITY-	ST-ZIP	·			
TITLE	VD		☐ DELETE	3 1 TITLE				Change	· [Addition
NAME	MARTIN, MARY A			3.2 NAME				. ;	
STREET ADDRESS	511 E DEL MONTE	\VE		3.3 STREE	T ADDRESS		:		
CITY-ST-ZIP	CLEWISTON FL		N DELETE	3.4. CITY-	ST-ZIP	(a) (a) (b) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a		☐ Change	Addition
TITLE	STD		⊠ DELETE	4.1 TITLE				□ ¢iraiige	, A0011011
NAME	CASTELLANOS, GAI			4. 2 NAME	· .			*	
STREET ADDRESS	500 N FRANCISCO	AVE #208			T ADDRESS				
City-St-Zip Title	CLEWISTON FL		☐ DELETÉ	4.4 CITY-S 5.1 TITLE	51-ZIP			Change	Addition
NAME	DAVIS, JAMES A			5.2 NAME				→ •,	
STREET ADORESS	641 E SUGARLAND	HWY			T ADDRESS				
CITY-ST-ZIP	CLEWISTON FL 334			5.4 CITY-	ST-ZIP			·	
TITLE			☐ DELETE	6.1 TITLE			. ,	Change	☐ Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	TADDRESS				
CITY-ST-74P	\			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 617, 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: