2004 NOT-FOR-PROFIT CORPORATION ANNIIAI REPORT (AR)

<u>\$</u> _	- ANNUAL R		FILED				
DOCUMENT # 708390 1. Enlity Name				Feb 28, 2004 08:00 AM Secretary of State			
CLEWIST	ON COUNTRY CLUB, INC.			9	J		
Principal Place of Business		Mailing Address		- · · ·			
SAN LUIS AVENUE		SAN LUIS AVENUE					
P.O. BOX 1105 CLEWISTON FL 33440		P.O. BOX 1105 CLEWISTON FL 33440			 1101 Februar 18310 18010 18011 18011 18011 18011 18011 18011 18011 18011 18011 180		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc,		Suite, Apt. #, etc.		MOORE : CR2E037 (11/03)			
City & State		City & State		4. FEI Number			
Zip Country		Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ess of New Registered Agent		
BODERT II BAOO			Name	Name			
440	BERT H. BASS E. HAITI AVE.		Street Addres	ddress (P.O. Box Number is Not Acceptable)			
CLEWISTON FL 33440			,				
			City		FL Zip Co	nde .	
	e named entity submits this statement fitions of registered agent.	or the purpose of changing its	registered office or regi	stered agent, or both, in the	ne Statu of Florida. I am familiar wit	h, and accept	
SIGNATORE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	Registered Agent signature roq	uired when reinstalling)	DATE		
	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Carr Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Make Check Payabi Florida Department of		
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTORS		
NAME STREET AODRESS CITY-ST-ZIP	BASS, ROBERT H. 440 E HAITI AVENUE CLEWISTON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change	e	
TITLE	D LARSEN, KARL	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME STREET ADDRESS	313 E. CRESCENT ST.		NAME STREET ADDRESS	t 4	~~~~~~~~		
CITY-ST-ZIP	CLEWISTON FL 33440	<u> </u>	City-SI-ZIP		00000071575 1704-80076-017_61.2		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLANOS, ROBBIE 234 W. CIRCLE DR. CLEWISTON FL 33440	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	harast had	rrs, occio cr. □change	e ☐ Addition	
TITLE	VD	☐ Delete	TITLE		Change	☐ Addition	
NAME	DAVIS, JAMES A 641 E SUGARLAND HWY		NAME				
STREET ADDRESS CITY-ST-ZIP	CLEWISTON FL 33440		STREET ADDRESS CITY-ST-ZIP				
TITLE	PERRY, PATRICIA B	☐ Delete	IIILE		☐ Change	Addition	
NAME STREET ADDRESS	707 HOOVER DIKE RD. #703		NAME STREET ADDRESS				
City-St-ZIP	CLEWISTON FL 33440		CITY-ST-ZIP		and second 2 to the state of the		
TITLE NAME		☐ Delete	TITLE		☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS				
CITY- ST-ZIP	<u></u>		CITY-ST-ZIP				
12. I hereby indicated	certify that the information supplied wit	h this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Flori	ida Statutes. I further certify that the	information	
	certify that the information supplied wit don this report or supplemental report	s true and accurate and that n	y signature shall have t	he same legal effect as if	made under oath, that I am an offic	er or director	
or the co	rporation or the receiver or trustee emp i, or on an attachment with an address,	is true and accurate and that nowered to execute this report with all other like empowered.	as required by Chapter	617, Florida Statutes; and	made under oath, that I am an offic that my name appears in Block 10	er or director or Block 11 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

- Versam

Daytime Phone #