

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 708390

1. Entity Name

CLEWISTON COUNTRY CLUB, INC.



Principal Place of Business

SAN LUIS AVENUE
P.O. BOX 1105
CLEWISTON FL 33440

Mailing Address

SAN LUIS AVENUE
P.O. BOX 1105
CLEWISTON FL 33440



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1099972

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERT H. BASS
440 E. HAITI AVE.
CLEWISTON FL 33440

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BASS, ROBERT H.
STREET ADDRESS 440 E HAITI AVENUE
CITY-ST-ZIP CLEWISTON FL

TITLE D ☐ Delete
NAME LARSEN, KARL
STREET ADDRESS 313 E. CRESCENT ST.
CITY-ST-ZIP CLEWISTON FL 33440

TITLE D ☐ Delete
NAME CASTELLANOS, ROBBIE
STREET ADDRESS 234 W. CIRCLE DR.
CITY-ST-ZIP CLEWISTON FL 33440

TITLE VD ☐ Delete
NAME DAVIS, JAMES A
STREET ADDRESS 641 E SUGARLAND HWY
CITY-ST-ZIP CLEWISTON FL 33440

TITLE D ☐ Delete
NAME PERRY, PATRICIA B
STREET ADDRESS 707 HOOVER DIKE RD. #703
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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 #

Paul E. Lauer - Treasurer 3/24/05