

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 708769 (5)**

1. Corporation Name  
**PUNTA GORDA COUNTRY CLUB, INC.**



Principal Place of Business <b>6100 DUNCAN ROAD PO BOX 1716 PUNTA GORDA FL 33951-1716</b>	Mailing Address <b>6100 DUNCAN ROAD PO BOX 1716 PUNTA GORDA FL 33951-1716</b>
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3. Date Incorporated or Qualified <b>04/08/1965</b>	3a. Date of Last Report <b>03/13/1995</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number <b>59-1147044</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>NORTHCOTT, GEORGE 2814 MAGDALINA DRIVE PUNTA GORDA FL 33950</b>	10. Name and Address of New Registered Agent 81 Name <b>SCHMITENDORF, FRANK C.</b> 82 Street Address: (P.O. Box Number is Not Acceptable) <b>1300 AQUI ESTA DRIVE</b> 83 84 City <b>PUNTA GORDA FL</b> 85 Zip Code <b>33950</b>
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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 *Frank C. Schmitendorf* **FRANK C. SCHMITENDORF** 3-11-96  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD NORTHCOTT, GEORGE 2814 MAGDALINA DR PUNTA GORDA FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD SCHMITENDORF, FRANK C. 1300 AQUI ESTA DRIVE PUNTA GORDA, FL 33950</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD INSLEY, RICHARD 109 MORNINGSTAR DR PUNTA GORDA FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VD SULLIVAN, MORTIMER D. 1636 BOBOLINK CT PUNTA GORDA, FL 33950</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD JOHNSTON, AL 150 WEST RETTA ESPLANADE #226 PUNTA GORDA FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>TD NORTHCOTT, GEORGE 2814 MAGDALINA DRIVE PUNTA GORDA, FL 33950</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SAUNDERS, DEBRA 46400 FARABEE RD. BOX 163 PUNTA GORDA FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>SD LETHAM, EMERY J. 26266 LANCER LANE PUNTA GORDA, FL 33983</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Frank C. Schmitendorf* **FRANK C. SCHMITENDORF** 3-11-96 941-639-3308  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)