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Jul 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708769 (5)

1. Corporation Name
PUNTA GORDA COUNTRY CLUB, INC.



Principal Place of Business 6100 DUNCAN ROAD PO BOX 1716 PUNTA GORDA FL 33951-1716	Mailing Address 6100 DUNCAN ROAD PO BOX 1716 PUNTA GORDA FL 33951-1716
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3. Date Incorporated or Qualified 04/08/1965	3a. Date of Last Report 03/15/1996
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21. Principal Place of Business 6100 DUNCAN RD	2a. Mailing Address 6100 DUNCAN RD
22. Suite, Apt. #, etc. P.O. Box 511716	27. Suite, Apt. #, etc. P.O. Box 511716
23. City & State PUNTA GORDA FL	28. City & State PUNTA GORDA FL
24. Zip 33951	25. Country FL

4. FEI Number 59-1147044	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**SCHMITENDORF, FRANK C.
1300 AQUI ESTA DRIVE
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

81 Name ROBERT H. KNORR
82 Street Address (P.O. Box Number is Not Acceptable) 850 NAPOLI LANE
83 City PUNTA GORDA FL
85 Zip Code 33950

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 *Robert H. Knorr* DATE **7/9/97**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	SCHMITENDORF, FRANK C.	
STREET ADDRESS	1300 AQUI ESTA DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	SULLIVAN, MORTIMER D.	
STREET ADDRESS	1636 BOBOLINK COURT	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	TD	<input type="checkbox"/>
NAME	NORTHCOTT, GEORGE	
STREET ADDRESS	2814 MAGDALINE DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	LETHAM, EMERY J.	
STREET ADDRESS	28266 LANCER LANE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	ROBERT H. KNORR		
1.3 STREET ADDRESS	850 NAPOLI LANE		
1.4 CITY-ST-ZIP	PUNTA GORDA FL 33950		
2.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	DONALD R. EILER		
2.3 STREET ADDRESS	26153 RAMPART BLVD		
2.4 CITY-ST-ZIP	PUNTA GORDA FL 33983		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	SD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	FLORENCE E BADGER		
4.3 STREET ADDRESS	2452 AUBURN BLVD		
4.4 CITY-ST-ZIP	PT. CHARLOTTE FL 33948		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE *Robert H. Knorr* DATE **7/9/97**

CR2E037 (9/96)