

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708877

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: 7 RIVERS GOLF & COUNTRY CLUB, INC.

**Current Principal Place of Business:**

7395 W. PINEBROOK STREET  
CRYSTAL RIVER, FL 34429 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1146  
CRYSTAL RIVER, FL 34423 US

**New Mailing Address:**

FEI Number: 79-1195833

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEAL, RON  
211 N MCGOWAN AVE  
CRYSTAL RIVER, FL 34429 US

**Name and Address of New Registered Agent:**

DOLSON, LARRY  
15 DEERWOOD DRIVE  
HOMOSASSA, FL 34446 US

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.

SIGNATURE: LARRY DOLSON

02/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NEAL, ROBERT  
Address: 211 N MCGOWAN  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VPD ( ) Delete  
Name: BOTTINI, FRANK  
Address: 6120 N NAKOMA TR  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: ST ( ) Delete  
Name: MCCOLLOUGH, BARNEY  
Address: 315 N. POMPEO AVE  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D ( ) Delete  
Name: DEEM, PAT  
Address: 7889 W. DROVER ST  
City-St-Zip: HOMOSASSA, FL 34446

Title: TD (X) Delete  
Name: DOLSON, LARRY  
Address: 15 DEERWOOD DR  
City-St-Zip: HOMOSASSA, FL 34446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DOLSON, LARRY  
Address: 15 DEERWOOD DRIVE  
City-St-Zip: HOMOSASSA, FL 34446

Title: VPD (X) Change ( ) Addition  
Name: MCLAUGHLIN, THOMAS  
Address: 6325 W. LEXTINGTON DRIVE  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: ST (X) Change ( ) Addition  
Name: MOORBECK, RICK  
Address: 1516 E. SEATTLE SLEW CIRCLE  
City-St-Zip: INVERNESS, FL 34453

Title: TD (X) Change ( ) Addition  
Name: CALLISON, JUDITH  
Address: 11731 TIMBERLANE DR  
City-St-Zip: HOMOSASSA, FL 34448

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY DOLSON

PD

02/24/2009

Electronic Signature of Signing Officer or Director

Date