

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 8:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 708924 (6)

1. Corporation Name

GREEN VALLEY COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

**W. HIGHWAY 50
P O BOX 120278
CLERMONT FL 34712**

**W. HIGHWAY 50
P O BOX 120278
CLERMONT FL 34712**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/11/1965

3a. Date of Last Report
05/01/1994

4. FBI Number
59-1085634

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANK KLEIN
1801 GREEN SWAMP RD.
CLERMONT FL 34711**

81 Name
Robert Appolloni

82 Street Address (P.O. Box Number is Not Acceptable)
8504 Doral Dr.

83

84 City
Clermont

85 Zip Code
FL 34711

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Robert Appolloni (Robert Appolloni)

April 12 1995
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BARTH, RICHARD
9001 VILLAGE GREEN BLVD
CLERMONT FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MINOR, JOHN
8536 DORAL DR.
CLERMONT FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
WILDNER, JOAN
BOX 575 / 47 LAKE JACKSON DR
MASCOTTE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
WEATHERS, T N
1974 BRANTLEY CIRCLE
CLERMONT FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WICKHAM, DONALD
212 ORANGE AVE
CLERMONT FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FLYNN, RICHARD
1203 LAKE AVE
GROVELAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
**S
WILDNER, JOAN
9050 Village Green Blvd.
Clermont, FL 34711**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
**D
KLEIN, FRANK
14701 Green Valley Blvd.
Clermont, FL 34711**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 110.07(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:

Richard T. Flynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard T. Flynn

4/17/95
Date

904 394-0632
Telephone #