

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 708924 (6)

1. Corporation Name

GREEN VALLEY COUNTRY CLUB, INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified
05/11/1965

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1095634

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

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

**APPOLLONI, ROBERT
8504 DORAL DR.
CLERMONT FL 34711**

81 Name

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

83

84 City

FL

85 Zip Code

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 Appolloni

Robert Appolloni

4-17-96

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent Signature required with reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BARTH, RICHARD | |
| STREET ADDRESS | 9001 VILLAGE GREEN BLVD | |
| CITY - ST - ZIP | CLERMONT FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MINOR, JOHN | |
| STREET ADDRESS | 8536 DORAL DR. | |
| CITY - ST - ZIP | CLERMONT FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | WILDNER, JOAN | |
| STREET ADDRESS | 9050 VILLAGE GREEN BLVD. | |
| CITY - ST - ZIP | CLERMONT FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | WEATHERS, T N | |
| STREET ADDRESS | 1974 BRANTLEY CIRCLE | |
| CITY - ST - ZIP | CLERMONT FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | KLEIN, FRANK | |
| STREET ADDRESS | 14701 GREEN VALLEY BLVD. | |
| CITY - ST - ZIP | CLERMONT FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FLYNN, RICHARD | |
| STREET ADDRESS | 1203 LAKE AVE | |
| CITY - ST - ZIP | GROVELAND FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------------|--|
| 11 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | JOHN LANGREHR | |
| 13 STREET ADDRESS | 15031 Green Valley Blvd. | |
| 14 CITY - ST - ZIP | Clermont, FL 34711 | |
| 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY - ST - ZIP | | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY - ST - ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY - ST - ZIP | | |
| 51 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME | FRANK SCHMIDT | |
| 53 STREET ADDRESS | 13303 Lake Butler Blvd. | |
| 54 CITY - ST - ZIP | Winter Garden, FL 34787 | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 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 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:

Richard Flynn

4-17-96

352-394-0632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)