

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**
4. FEI Number: **59-1095634**
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**APPOLLONI, ROBERT
8504 DORAL DR.
CLERMONT FL 34711**

10. Name and Address of New Registered Agent
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** (Signature, typed or printed name of registered agent and title, if applicable)
Robert Appolloni (NOTE: Registered Agent signature required with reinstating)
DATE: **4-17-96**

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

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN LANGREHR	
1.3 STREET ADDRESS	15031 Green Valley Blvd.	
1.4 CITY - ST - ZIP	Clermont, FL 34711	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FRANK SCHMIDT	
5.3 STREET ADDRESS	13303 Lake Butler Blvd.	
5.4 CITY - ST - ZIP	Winter Garden, FL 34787	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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** (Signature and typed or printed name of signing officer or director)
Richard Flynn
DATE: **4-17-96**
DAYTIME PHONE: **352-394-0632**

CR2E037 (12/95)