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May 09 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 # 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. 34712-0278
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3. Date Incorporated or Qualified 05/11/1965	3a. Date of Last Report 04/22/1996
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2. Principal Place of Business 21 14601 Green Valley Blvd. 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
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4. FEI Number 59-1095634	Applied For Not Applicable
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 DATE 4-23-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	JOHN LANGREHR
STREET ADDRESS	15031 GREEN VALLEY BLVD
CITY-ST-ZIP	CLERMONT FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MINOR, JOHN
STREET ADDRESS	8536 DORAL DR.
CITY-ST-ZIP	CLERMONT FL
TITLE	S <input checked="" 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 type="checkbox"/> DELETE
NAME	FRANK SCHMIDT
STREET ADDRESS	13303 LAKE BUTLER BLVD
CITY-ST-ZIP	WINTER GARDEN FL
TITLE	D <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MC KINNEY, DONALD
2.3 STREET ADDRESS	14945 Green Valley Blvd.
2.4 CITY-ST-ZIP	Clermont, FL 34711
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMPSON, GLENDA
3.3 STREET ADDRESS	8919 Spyglass Loop
3.4 CITY-ST-ZIP	Clermont, FL 34711
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SCHMIDT, FRANK
5.3 STREET ADDRESS	8601 Spyglass Loop
5.4 CITY-ST-ZIP	Clermont, FL 34711
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	SWEET, JAMES
6.4 CITY-ST-ZIP	9000 Village Green Blvd. Clermont, FL 34711

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 Appolloni DATE 4-22-97 352 394-0632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0069629

CR2E037 (9/96)