

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>W. HIGHWAY 50 P O BOX 120278 CLERMONT FL. 34712</b>	Mailing Address <b>W. HIGHWAY 50 P O BOX 120278 CLERMONT FL. 34712</b>
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3. Date Incorporated or Qualified  
**05/11/1965**

4. FEI Number  
**59-1095634**

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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	<b>FL</b> 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* **President** DATE: **4-14-98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN LANGREHR</b>	1.2 NAME	
STREET ADDRESS	<b>15031 GREEN VALLEY BLVD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLERMONT FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKINNEY, DONALD</b>	2.2 NAME	
STREET ADDRESS	<b>14945 GREEN VALLEY BLVD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLERMONT FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMPSON, GLENDA</b>	3.2 NAME	
STREET ADDRESS	<b>8919 SPYGLASS LOOP</b>	3.3 STREET ADDRESS	<b>GROSS, LUCILLE</b>
CITY - ST - ZIP	<b>CLERMONT FL</b>	3.4 CITY - ST - ZIP	<b>15013 Green Valley Blvd. Clermont, FL 34711</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEATHERS, T N</b>	4.2 NAME	
STREET ADDRESS	<b>1974 BRANTLEY CIRCLE 8516 Firestone Circle</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLERMONT FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANK SCHMIDT</b>	5.2 NAME	
STREET ADDRESS	<b>8801 SPYGLASS LOOP</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLERMONT FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWEET, JAMES</b>	6.2 NAME	
STREET ADDRESS	<b>9000 VILLAGE GREEN BLVD</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLERMONT FL</b>	6.4 CITY - ST - ZIP	

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	<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 checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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 of 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, as on an attachment with an address.

SIGNATURE: *Robert Appolloni* **Robert Appolloni** DATE: **4-14-98** **352-394-0632**

CR2E037 (10/97)