

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90029 028 ****61.25

DOCUMENT # 708924

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



2. Principal Place of Business

21 14601 Green Valley Blvd.

Suite, Apt. #, etc.

22
City & State

23
Zip Country

24 **25** **29** **30**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Incorporated or Qualified

05/11/1965

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **JOHN LANGREHR**
STREET ADDRESS **15031 GREEN VALLEY BLVD**
CITY-ST-ZIP **CLERMONT FL**

TITLE **D** ☒ DELETE
NAME **MCKINNEY, DONALD**
STREET ADDRESS **14945 GREEN VALLEY BLVD**
CITY-ST-ZIP **CLERMONT FL**

TITLE **S** ☐ DELETE
NAME **GROSS, LUCILLE**
STREET ADDRESS **15013 GREEN VALLEY BLVD**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **T** ☐ DELETE
NAME **WEATHERS, T N**
STREET ADDRESS **8516 FIRESTONE CIRCLE**
CITY-ST-ZIP **CLERMONT FL**

TITLE **D** ☐ DELETE
NAME **FRANK SCHMIDT**
STREET ADDRESS **8601 SPYGLASS LOOP**
CITY-ST-ZIP **CLERMONT FL**

TITLE **D** ☒ DELETE
NAME **SWEET, JAMES**
STREET ADDRESS **9000 VILLAGE GREEN BLVD**
CITY-ST-ZIP **CLERMONT FL**

13.

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

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

V. Pres.

Rich Flynn

212 E Beach St.

Groveland, FL 34736

D

Frank C. Klein

14701 Green Valley Blvd.

Clermont, FL 34711

D

Houston Melton

14731 Green Valley Blvd.

Clermont, FL 34711

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

352-394-0632

Daytime Phone #

0072947

CR2E037 (11/98)