

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90099 050 ****61.25

DOCUMENT # 709763 1. Entity Name WILLISTON HIGHLANDS GOLF & COUNTRY CLUB ASSOCIATION, INC.					
Principal Place of Business WILLISTON HIGHLANDS 789 NE STATE RD 121 WILLISTON FL 32696 US			Mailing Address 789 NE STATE RD 121 WILLISTON FL 32696 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1173769 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> RUCCIONI, ANTHONY 1194 NE 155TH CT WILLISTON FL 32696 </div> <div style="width: 50%;"> PAUL CAMPBELL 15149 N.E. 9TH ST. WILLISTON, FL. 32696 </div> </div>			7. Name and Address of New Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Name PAUL CAMPBELL Street Address (P.O. Box Number is Not Acceptable) 15149 N.E. 9TH ST. City Williston </div> <div style="width: 50%;"> FL Zip Code 32696 </div> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Paul E. Campbell</i> <small>Signature, typed or printed name of registered agent and file if applicable</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> 3/03/06 <small>DATE</small> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE ST NAME DIMEO, ANTHONY STREET ADDRESS 196 COUNTRY CLUB DR CITY-ST-ZIP WILLISTON FL 32696	<input checked="" type="checkbox"/> Delete		TITLE PRESIDENT NAME PAUL CAMPBELL STREET ADDRESS 15149 N.E. 9TH ST. CITY-ST-ZIP WILLISTON, FL. 32696	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME DANDLIN, DAMON STREET ADDRESS 18251 NE 60TH ST CITY-ST-ZIP WILLISTON FL 32696	<input type="checkbox"/> Delete		TITLE VICE PRESIDENT NAME CECIL JONES STREET ADDRESS 15191 N.E. 9TH ST. CITY-ST-ZIP WILLISTON, FL. 32696	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SUGGS, ALAN STREET ADDRESS 102 NE 6TH AVE CITY-ST-ZIP WILLISTON FL 32696	<input type="checkbox"/> Delete		TITLE Sec. TREASURER NAME CLAIR, Keith STREET ADDRESS 15148 N.E. 3RD. PL. CITY-ST-ZIP WILLISTON, FL. 32696	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME RUCCIONE, ANTHONY V STREET ADDRESS 15287 NE 3RD PLACE CITY-ST-ZIP WILLISTON FL 32696	<input checked="" type="checkbox"/> Delete		TITLE MARILENE ROMIG NAME 316 E. COUNTRY CLUB DR. STREET ADDRESS WILLISTON, FL. 32696	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME WITKOWSKI, RICHARD STREET ADDRESS 17690 SE 66TH PLACE CITY-ST-ZIP MORRISTON FL 32668	<input checked="" type="checkbox"/> Delete		TITLE W.W. MCCALLISTER NAME 15173 N.E. 3RD. PLACE STREET ADDRESS WILLISTON, FL. 32696	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME VISCIONE, MICHAEL STREET ADDRESS 490 NE 150TH AVE CITY-ST-ZIP WILLISTON FL 32696	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul E. Campbell* **3/03/06** **352-528-2520**