

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mornham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAR -6 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709968 (2)

1. Corporation Name

POINT O'WOODS COUNTRY CLUB, INC.,

Principal Place of Business

Mailing Address

9228 E. GOSPEL ISLAND RD.
P.O. BOX 937
INVERNESS FL 32651-7937

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P.O. BOX 937
INVERNESS FL 32651-7937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/23/1965

3a. Date of Last Report
04/01/1994

4. FEI Number
59-1761006

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 34451-7937 Country

28 Zip 34451-7937 Country

24 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, ARMOR V.
2413 NS CARNEGIE DR
INVERNESS FL 32650

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV
NAME WEBSTER, CLIFFORD
STREET ADDRESS 8618-45 E. GOSPEN ISLAND ROAD
CITY-ST-ZIP INVERNESS FL

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

TITLE DS
NAME TORTORICI, RUTH
STREET ADDRESS 9617 E. SOUTHGATE DRIVE
CITY-ST-ZIP INVERNESS, FL 00000

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME DS
2.3 STREET ADDRESS DORETTA B. SASSO
2.4 CITY-ST-ZIP 227 S. BROCK POINT
INVERNESS, FL.

TITLE TD
NAME JOHNSON, ARMOR V.
STREET ADDRESS 2413 S CARNEGIE DR
CITY-ST-ZIP INVERNESS FL

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

TITLE VD
NAME DUBBLE, ROGER
STREET ADDRESS 9021 AQUA VISTA DRIVE
CITY-ST-ZIP INVERNESS FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME VD
4.3 STREET ADDRESS THOMAS DICKSON
4.4 CITY-ST-ZIP 2226 S. CARNEGIE DRIVE
INVERNESS, FL.

TITLE PD
NAME DUBBLE, PEGGY
STREET ADDRESS 9021 AQUA VISTA DRIVE
CITY-ST-ZIP INVERNESS FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME PD
5.3 STREET ADDRESS STANLEY ERNST
5.4 CITY-ST-ZIP 9318 E. CRESCENT DRIVE
INVERNESS FL.

TITLE D
NAME LIKEN, JOHN
STREET ADDRESS 9000 E GOSSEL ISL RD
CITY-ST-ZIP INVERNESS FL

6.1 TITLE ☐ Change ☐ 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 110.07(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:

ARMOR V. JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMOR V. JOHNSON 3/1/95 904-637-2558