

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 34451-7937
US

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P.O. BOX 937
INVERNESS FL 34451-7937
US

3. Date Incorporated or Qualified
11/23/1965

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

MELBA PAPE

82 Street Address (P.O. Box Number is Not Acceptable)

4631 E WINDMILL DRIVE

83

INVERNESS

84 City

FL

85 Zip Code
34453

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

Melba Pape Treas.

MELBA PAPE

2-12-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **DV** ☐ Change ☒ Addition
1.2 NAME **JOHN VERKADE**
1.3 STREET ADDRESS **5131 E. LIVE OAK**
1.4 CITY-ST-ZIP **INVERNESS, FL 34453-1064**

TITLE **DS** ☐ DELETE
NAME **SASSO, DORETTA B.**
STREET ADDRESS **227 S. BROCK POINT**
CITY-ST-ZIP **INVERNESS, FL 00000**

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

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

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **MELBA PAPE**
3.3 STREET ADDRESS **4631 E. WINDMILL DR**
3.4 CITY-ST-ZIP **INVERNESS, FL 34453**

TITLE **VD** ☐ DELETE
NAME **DICKSON, THOMAS**
STREET ADDRESS **2226 S. CARNEGIE DR**
CITY-ST-ZIP **INVERNESS FL**

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

TITLE **PD** ☐ DELETE
NAME **ERNST, STANLEY**
STREET ADDRESS **9318 E. CRESCENT DR.**
CITY-ST-ZIP **INVERNESS FL**

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

TITLE **D** ☐ DELETE
NAME **LIKEN, JOHN**
STREET ADDRESS **9000 E GOSPEL 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 119.07(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:

Melba Pape Treas.

Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96

Date

352-344-3098

Daytime Phone #

CR2E037 (12/95)