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Apr 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709968 (2)

1. Corporation Name

POINT O'WOODS COUNTRY CLUB, INC.,

Principal Place of Business

9228 E. GOSPEL ISLAND RD.
P.O. BOX 937
INVERNESS FL 34451-7837
US

Mailing Address

9228 E. GOSPEL ISLAND RD.
P.O. BOX 937
INVERNESS FL 34451-0937
US3. Date Incorporated or Qualified
11/23/19653a. Date of Last Report
02/15/1996

2. Principal Place of Business

21 9228 E. Gospel Island Rd.

Suite, Apt. #, etc.

22 INVERNESS, FL 34451-7837

City & State

23

Zip

34451-7837

Country

25 USA

2a. Mailing Address

26 PO Box 937

Suite, Apt. #, etc.

27 INVERNESS FL

City & State

28

Zip

34451-0937

Country

30 USA

4. FEI Number

59-1761006

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAPE, MELBA
4631 EAST WINDMILL DRIVE
INVERNESS FL 34453

81 Name

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

83 INVERNESS

84 City

FL

85 Zip Code

34450

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

Doretta B. Sasso

(NOTE: Registered Agent signature required when reinstating)

3-6-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV
NAME VERKADE, JOHN
STREET ADDRESS 5131 EAST LIVE OAK
CITY-ST-ZIP INVERNESS FL☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE DS
NAME SASSO, DORETTA B.
STREET ADDRESS 227 S. BROCK POINT
CITY-ST-ZIP INVERNESS, FL 00000☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE TD
NAME JOHNSON, ARMOR V.
STREET ADDRESS 2413 S CARNEGIE DR
CITY-ST-ZIP INVERNESS FL☒ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☒ Change☐ AdditionTITLE VD
NAME DICKSON, THOMAS
STREET ADDRESS 2226 S. CARNEGIE DR
CITY-ST-ZIP INVERNESS FL☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE PD
NAME ERNST, STANLEY
STREET ADDRESS 8318 E. CRESCENT DR.
CITY-ST-ZIP INVERNESS FL☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE D
NAME LIKEN, JOHN
STREET ADDRESS 9000 E GOSPEL ISL RD
CITY-ST-ZIP INVERNESS FL☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change☐ Addition

14. I do 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.

SIGNATURE: Doretta B. Sasso Doretta B Sasso 3-6-97 (352) 344-1989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0065345

CR2E037 (9/96)