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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709968** (2)

1. Corporation Name

POINT O'WOODS COUNTRY CLUB, INC.,

Principal Place of Business 9229 E GOSPEL ISLAND ROAD INVERNESS FL 34451-7937 US	Mailing Address P.O. BOX 937 INVERNESS FL 34451-0937 US
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3. Date Incorporated or Qualified

11/23/1965

4. FEI Number

59-1761006

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SASSO, DORETTA B
227 S BROCK STREET
INVERNESS FL 34450**

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DV** ☒ DELETE

NAME **VERKADE, JOHN**
STREET ADDRESS **5131 EAST LIVE OAK**
CITY-ST-ZIP **INVERNESS FL**

TITLE **DS** ☐ DELETE

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

TITLE **TD** ☒ DELETE

NAME **VACHON, KATHRYNE F**
STREET ADDRESS **9029 E AQUA VISTA DR**
CITY-ST-ZIP **INVERNESS FL**

TITLE **VD** ☒ DELETE

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

TITLE **PD** ☒ DELETE

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

TITLE **D** ☐ DELETE

NAME **LIKEN, JOHN**
STREET ADDRESS **9000 E GOSPEL ISL RD**
CITY-ST-ZIP **INVERNESS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☐ Change ☒ Addition

1.2 NAME **REINHEIMER, SONNA C.**
1.3 STREET ADDRESS **4776 E. CONNELL LANE DRIVE**
1.4 CITY-ST-ZIP **INVERNESS FL 34453**

2.1 TITLE **DS** ☒ Change ☐ Addition

2.2 NAME **SASSO, DORETTA B.**
2.3 STREET ADDRESS **227 S. BROCK POINT**
2.4 CITY-ST-ZIP **INVERNESS, FL 34450**

3.1 TITLE **DT** ☐ Change ☒ Addition

3.2 NAME **WEBSTER, LAVONNE**
3.3 STREET ADDRESS **8618 E. GOSPEL ISLAND ROAD**
3.4 CITY-ST-ZIP **INVERNESS, FL 34450**

4.1 TITLE **DN** ☐ Change ☒ Addition

4.2 NAME **DUBBLE, ROGER D.**
4.3 STREET ADDRESS **9021 E. AQUA VISTA DRIVE**
4.4 CITY-ST-ZIP **INVERNESS, FL 34450**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **FOX, LUCILLE E.**
5.3 STREET ADDRESS **10222 E. PIKE DRIVE**
5.4 CITY-ST-ZIP **INVERNESS FL 34450**

6.1 TITLE **D** ☒ Change ☐ Addition

6.2 NAME **LIKEN, JOHN**
6.3 STREET ADDRESS **9000 E. GOSPEL ISLAND ROAD**
6.4 CITY-ST-ZIP **INVERNESS, FL 34450**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Sonna C. Reinheimer** **SONNA C. REINHEIMER** 4/29/98 (35) 726-8813

CR2E037 (10/97)