FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90099 042 ****61.25

DOCUMENT # 709968 1. Corporation Name POINT O'WOODS COUNTRY CLUB, INC.,					* ⁷ 78088.90099.42		
Principal Place of Business 9228 E GOSPEL ISLAND ROAD INVERNESS FL 34451-7937 US		Mailing Address P.O. BOX 937 INVERNESS FL 34451-0937 US					
2. Principal P	Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		
21		26			11/23/1965		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		plied For
22		27			59-1761006		t Applicable
City & Stat	te	City & State			5. Certifcate of Status Desired	\$8.75 A Fee Re	
23 Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	:
24	25		30		Trust Fund Contribution	Added to	
24	9. Name and Address of Currer		1001		10. Name and Address of New Register		
			81	Name			
02242	ODETTA R		82	Stroot Add	ress (P.O. Box Number is Not Acceptable)		
SASSO, DORETTA B 227 S BROCK STREET			02 .	Sileet Add	ress (F.O. Box radifiber is not Acceptable)		
	SS FL 34450		83				
1144614146	50 1 2 04 100		84	City		85 Zip C	lode
				•		FL T	
11. Pursuant office or agent. I a	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obligations.	02 and 617.1508, Florida Statute of Florida. Such change was a ations of, Section 617.0503, Flor	es, the above-nuthorized by the ida Statutes.	amed corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its pointment as rec	registered jistered
SIGNATURE					•		
	Signature, typed or printed name of registered age			gnature require	ed when reinstating) DAT		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	REINHEIMER, S.C.		1.2 NAME				
STREET ADDRESS			1.3 STREET AD	1			
CITY-ST-ZIP	INVERNESS FL 34453	□ pereze	1.4 CITY-ST-Z	IP .		Change	Addition
TITLE	DS	☐ DELETE	2.1 TITLE			☐ Change	Add/doll
NAME	SASSO, DORETTA B.		2.2 NAME				
STREET ADDRESS			2.3 STREET AL			·	
City-ST-ZiP	INVERNESS, FL 00000 34450	☐ DELETÉ	2. 4 CITY-ST-2	ZIP		Change	Addition
TITLE	DT WEBSTED I		3.1 TITLE			.,	L_] Addition
NAME	Webster, L 8618 e Gospel Island Rd, L	TAE	3.2 NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
STREET ADDRESS	INVERNESS FL 34450	.I 4C	3.3 STREET AL	ì			
CITY-ST-ZIP TITLE	DV	☐ DELETE	3.4. CITY-ST-2 4.1 TITLE	<u> </u>		☐ Change	Addition
NAME	DUBBLE, R D		4. 2 NAME				
STREET ADDRESS			4.3 STREET AD	INDRESS	•		
CITY-ST-ZIP	INVERNESS FL 34456		4.4 CITY-ST-Z	1			
TITLE	D	☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	FOX, L E		5.2 NAME			-	
STREET ADDRESS	l		5.3 STREET AC	DRESS			
CITY-ST-ZIP	INVERNESS FL 34450		5.4 CITY-ST-Z	IP			
TITLE	Р	☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME	LIKEN, JOHN		6.2 NAME				
STREET ADDRESS	9000 E GOSOEL ISL RD		6.3 STREET AD	DRESS	,		
CITY-ST-ZIP	INVERNESS FL 34450		6.4 CITY-ST-ZI	P			

14. I 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, with all other like empowered.

GNING OFFICER OR DIRECTOR Description Phone # SIGNATURE: