

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90018 036 *****61.25

DOCUMENT # 709968

1. Entity Name

POINT O'WOODS COUNTRY CLUB, INC.,



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 Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1761006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONALDSON, PEARL
21 SO. SUNSET TERR
INVERNESS FL 34450

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mary P. Donaldson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-07

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME BRASMEISTER, CHARLOTTE
STREET ADDRESS 7610 APPLEWOOD DR
CITY-ST-ZIP INVERNESS FL 34450

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME DONALDSON, PEARL
STREET ADDRESS 21 SO SUNSET TERR
CITY-ST-ZIP INVERNESS FL 34450

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☒ Delete
NAME VERKADE, L
STREET ADDRESS 610 N MONT PT
CITY-ST-ZIP INVERNESS FL 34453

TITLE ☒ Change ☐ Addition
NAME KOONCE, D. FRED
STREET ADDRESS 9425 E. SOUTHGATE DR.
CITY-ST-ZIP INVERNESS, FL 34456

TITLE DV ☒ Delete
NAME HAUFF, JOYCE
STREET ADDRESS 8175 S FLORAL OAKS CIR
CITY-ST-ZIP FLORAL CITY FL 34436

TITLE ☒ Change ☐ Addition
NAME WILLIAMS, ROBERT
STREET ADDRESS P.O. BOX 1588
CITY-ST-ZIP HERNANDO, FL 34442

TITLE D ☒ Delete
NAME FREISE, B
STREET ADDRESS 8618 E. GOSPEL ISLAND RD. LT. 11
CITY-ST-ZIP INVERNESS FL 34450

TITLE ☒ Change ☐ Addition
NAME METZGER, SALLY
STREET ADDRESS 710 EDGEWATER DR.
CITY-ST-ZIP INVERNESS, FL 34453

TITLE P ☐ Delete
NAME LIKEN, JOHN
STREET ADDRESS 9000 E GOSPEL ISL. RD.
CITY-ST-ZIP INVERNESS FL 34450

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary P. Donaldson

3-20-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #