2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709968

1. Entity Name

Principal Place of Business

POINT O'WOODS COUNTRY CLUB, INC.,



FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90114 009 ****61.25

Mailing Address	
.O. BOX 937	

9228 E GOSPEL ISLAND ROAD INVERNESS FL 34451-7937 INVERNESS FL 34451-0937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES 4. FEI Number 59-1761006 City & State City & State Applied For Not Applicable Zip Country Country Zip 5. Certificate of Status Desired Fee Required \$8.75 Additional 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SASSO, DORETTA B Street Address (P.O. Box Number is Not Acceptable) 227 S BROCK STREET 50. Sunscl **INVERNESS FL 34450** 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Delete TITI F TITLE Brasmer SPANGENBERG, RAYMOND NAME STREET ADDRESS 6280 E PENROSE ST STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 34450 **INVERNESS FL 34452** TITLE Delete Delete TITLE ☐ Change Addition SASSO, DORETTA B. NAME NAME Sunset Terr STREET ADDRESS STREET ADDRESS 227 S. BROCK POINT CITY-ST-ZIP CITY-ST-ZIP NVERNESS, Fl. 3445 INVERNESS FL 34450 □ Delete TITLE Change Addition VERKADE, L NAME NAME 8618 GOSPEL ISLAND RD, LT, 45 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INVERNESS FL 34450 D٧ X Delete TITLE 75 50. Floral Oaks Circle SEYB, ROLAND STREET ADDRESS 9432 E GOSPEL ISL RD City Pl. 34436 CITY-ST-ZIP **INVERNESS FL 34450** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition FREISE, B NAME NAME 8618 E. GOSPEL ISLAND RD. LT. 11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INVERNESS FL 34450 TITLE Delete TITLE ☐ Change Addition SCHLAGHECK, DOLLY NAME STREET ADDRESS 9760 S CLEARSPRINGS DR STREET ADDRESS CITY-ST-7IP FLORAL CITY FL 34436 CITY-ST-ZIP

12. 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 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.

SIGNATUR