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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712864 (8)

1. Corporation Name

MISSION VALLEY GOLF AND COUNTRY CLUB, INC.

Principal Place of Business

1851 MISSION VALLEY BLVD
MISSION VALLEY ESTATES
LAUREL FL 34272
US

Mailing Address

PO BOX 266
LAUREL FL 34272-0266
US3. Date Incorporated or Qualified
06/01/19673a. Date of Last Report
01/31/19964. FEI Number
59-1230602Applied For
Not Applicable5. 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

HAZEN, RICHARD H.
2607 BAYSHORE RD.
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name DeBoer, Robert J.
82 Street Address (P.O. Box Number is Not Acceptable)
613 Four Bays Drive

84 City Nokomis

FL

85 Zip Code 34275

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

Robert J. DeBoer, Secretary

2-5-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LANG, RAYMON P. JR.	
STREET ADDRESS	6300 MIDNIGHT PASS RD., #1209	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HAZEN, RICHARD J.	
STREET ADDRESS	2607 BAYSHORE RD.	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MACK, R. WILCOX JR.	
STREET ADDRESS	324 SUNRISE DR.	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SLATTERY, THOMAS E	
STREET ADDRESS	460 ANCHORAGE DR	
CITY-ST-ZIP	NOKOMIS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lang, Raymond P., Jr.	
1.3 STREET ADDRESS	254 Lookout Point Dr.	
1.4 CITY-ST-ZIP	Osprey, FL 34229	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DeBoer, Robert J.	
2.3 STREET ADDRESS	613 Four Bays Drive	
2.4 CITY-ST-ZIP	Nokomis, FL 34275	
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wilcox, Mack R. Jr.	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bone, Duane	
4.3 STREET ADDRESS	143 Sea Anchor Dr.	
4.4 CITY-ST-ZIP	Osprey, FL 34229	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Robert J. DeBoer, Secretary (941) 488-8683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/5/97 Daytime Phone # 0084014

CR2E037 (9/96)