FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 712864 1. Corporation Name

MISSION VALLEY GOLF AND COUNTRY CLUB, INC.

Principal Place of Business 1851 MISSION VALLEY BLVD LAUREL FL 34272

Mailing Address

PO BOX 266 LAUREL FL 34272

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90103 017 ****61.25



Principal Place of Business 2a. Mailing Address			3. Date incorporated or Qualiform		3. Date Incorporated or Qualifed		
21	26				06/01/1967		
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	Applied For	
27					59-1230602	Not Applicable	
City & State City & State					5. Certifcate of Status Desired	\$8.75 Additional	
23					5. Continuate of Otalias Boolies	Fee Required	
Zip	Country	Zip	Country	/	6. Election Campaign Financing	\$5.00 May Be	
24	25	29 3	0		Trust Fund Contribution	Added to Fees	
	9. Name and Address of Current	Registered Agent		7	10. Name and Address of New Reg	istered Agent	
			81	Name		†	
DULMER, JOHN J JR				82 Street Address (P.O. Box Number is Not Acceptable)			
2057 TOCOBAGA LANE							
NOKOMIS FL 34275						!	
11011011110	1 6 0 12 10		84	City.		85 Zip Code	
			64	City		FL s z p coco	
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: Re	egistered Age	nt signature r	required when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	•	VD	Change Addition	
NAME	DULMER, JOHN J JR		1.2 NAME				
STREET ADORESS	2057 TOCOBAGA LANE		1.3 STREE	TADDRESS		•	
•	NOKOMIS FL 34275		1.4 CITY- 9			İ	
CITY-ST-ZIP	VD	□ DELETE	2.1 TITLE	11-211	mp	Change Addition	
		<u></u>	2.2 NAME		TD	_	
NAME	LANG, RAYMOND P JR		2.3 STREET ADDRESS		j		
STREET ADDRESS	254 LOOKOUT POINT DR					1	
CiTY-ST-ZIP	OSPREY FL	⊠ DELETE	2.4 CITY- 3.1 TITLE	S1-ZIP	SD	☐ Change	
TITLE	TD	DELETE	3.2 NAME				
NAME	AUGENTHALER, WARREN W			T B.O.D.C.O.O.	Gochenaur, Charles	<u> </u>	
STREET ADDRESS	201 HARBOR HOUSE DR		■ 33SIREE	I ATHIRESS.	1		
CITY-ST-ZIP	OSPREY FL 34229	☐ DELETE	l i			Change Addition	
TITLE	PED DUANE	☐ perete	}			C C C C C C C C C C C C C C C C C C C	
NAME	BONE, DUANE						
STREET ADDRESS	143 SEA ANCHOR DR			1_		!	
CITY-ST-ZIP	OSPREY FL	M perese		MAL	and signed	Change Addition	
TITLE	Kes trans	DELETE	4	7	- 0 LT.	Citatige C Addition	
NAME	MACO) P	lower		ber	ch to tel		
STREET ADDRESS	11-2954	MODELETE NOT PHONE	1	,			
CITY-ST-ZIP	fens our	my The of the	«	4:	lang signed ik to left. nome is already above Please thank you.	☐ Change ☐ Addition	
TITLE	,	/ ☐ DELETE		0	. Alexan	☐ Change ☐ Addition	
NAME		-	1 7	roed	above -		
STREET ADDRESS			"	V^{-1}	Thank class.		
CITY-ST-ZIP] <i>[</i>	RMS	ie,		
14. I hereby o	ertify that the information supplied with	this filing does not qualify for the	j ^	1	- ▼	certify that the information	

indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed or or an attachment with an address, with all of

SIGNATURE:

my name appears in

(941) 488-9683

Daytime Phone #