

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716194 (6)

1. Corporation Name

BROOKSVILLE GOLF & COUNTRY CLUB, INC.



Principal Place of Business

23446 LINKS DRIVE
BROOKSVILLE FL 34601

Mailing Address

23446 LINKS DRIVE
BROOKSVILLE FL 34601

3. Date Incorporated or Qualified

03/11/1969

3a. Date of Last Report

02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1260192

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOURKE, WILLIAM KEN
870 N. LYLE AVE.
CRYSTAL RIVER FL 34429

81 Name

Richard Tejkl

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

12440 Corrine Avenue

83

84 City

Spring Hill

FL

85 Zip Code

34609

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

Richard Tejkl

2/6/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME KOPITNIK, THOMAS
STREET ADDRESS 1141 WEDGE WAY
CITY-ST-ZIP SPRING HILL FL

☒ DELETE

11 TITLE STD
12 NAME Thomas Busacca
13 STREET ADDRESS 10193 Wallien Drive
14 CITY-ST-ZIP Brooksville, FL 34601

☐ Change ☒ Addition

TITLE STD
NAME LITTLE, SR. R
STREET ADDRESS 24075 WINDING CREEK DR
CITY-ST-ZIP BROOKSVILLE FL

☐ DELETE

21 TITLE D
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME ROBINSON, RICHARD E.
STREET ADDRESS 900 N. BROAD ST LOT 5118
CITY-ST-ZIP BROOKSVILLE FL

☐ DELETE

31 TITLE PD
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME PADULA, CAMILLE
STREET ADDRESS 3498 CRUM ROAD
CITY-ST-ZIP BROOKSVILLE FL

☐ DELETE

41 TITLE VD
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME SHEFFIELD, CHARLES G
STREET ADDRESS 9848 DOMINGO DR.
CITY-ST-ZIP BROOKSVILLE FL

☒ DELETE

51 TITLE D
52 NAME Darryl Johnston
53 STREET ADDRESS 107 Sunset Drive
54 CITY-ST-ZIP Brooksville, FL 34601

☐ Change ☒ Addition

TITLE PD
NAME PADGETT, RICHARD
STREET ADDRESS 7145 MARINER BLVD
CITY-ST-ZIP SPRING HILL FL

☒ DELETE

61 TITLE D
62 NAME Dave Alberson
63 STREET ADDRESS P.O. Box 914
64 CITY-ST-ZIP Brooksville, FL 34605-0814

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for protection under Section 119.071, 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:

Richard E. Robinson

Richard E. Robinson

President 2/6/96

352-796-8236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)