

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 34601-52193. Date Incorporated or Qualified
03/11/19693a. Date of Last Report
02/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-1260192

Applied For

Not Applicable

5. 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

9. Name and Address of Current Registered Agent

TEJKL, RICHARD
12440 CORRINE AVENUE
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

81 Name

Alt, Arthur J.

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

7415 1st Circle Dr.

83

84 City

Brooksville

FL

85 Zip Code

34613

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: Registered Agent signature required when reinstating)

1/23/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	BUSACCA, THOMAS	
STREET ADDRESS	10193 WALLIEN DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LITTLE, SR. R	
STREET ADDRESS	24075 WINDING CREEK DR	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBINSON, RICHARD E.	
STREET ADDRESS	900 N. BROAD ST LOT 5118	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PADULA, CAMILLE	
STREET ADDRESS	3498 CRUM ROAD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSTON, DARRYL	
STREET ADDRESS	107 SUNSET DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALBERSON, DAVE	
STREET ADDRESS	P.O. BOX 914 NA	
CITY-ST-ZIP	BROOKSVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Chance, Robert	
6.3 STREET ADDRESS	9410 Wallien Dr.	
6.4 CITY-ST-ZIP	Brooksville, FL 34601	

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:

Vice President

1/23/97

352 796-8236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0066302

CR2E037 (9/96)

Langford, Thomas D
12011 Norvell Rd.
Spring Hill, Fl. 34608

Addition

Dawson, Albert D
16223 Friendly Rd.
Brooksville, Fl. 34601

Addition

Dunlevy, Michael D
24468 Malvern St.
Brooksville, Fl. 34601

Addition