

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

4. FEI Number

**59-1260192**

Applied For

☐ Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALT, ARTHUR J  
7415 1ST CIRCLE DR  
BROOKSVILLE FL 34613**

81 Name

**DANIEL B. MERRITT, JR.**

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

**P.O. Box 1900**

83

84 City

**BROOKSVILLE**

**FL**

85 Zip Code

**34605-1900**

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

*Daniel B. Merritt, Jr.*

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BUSACCA, THOMAS</b>	
STREET ADDRESS	<b>10193 WALLIEN DRIVE</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	

TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LITTLE, SR. R</b>	
STREET ADDRESS	<b>24075 WINDING CREEK DR</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROBINSON, RICHARD E.</b>	
STREET ADDRESS	<b>900 N. BROAD ST LOT 5118</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PADULA, CAMILLE</b>	
STREET ADDRESS	<b>3498 CRUM ROAD</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSTON, DARRYL</b>	
STREET ADDRESS	<b>107 SUNSET DRIVE</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	

TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHANCE, ROBERT</b>	
STREET ADDRESS	<b>9410 WALLIEN DR</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DONATO, DAVID</b>	
1.3 STREET ADDRESS	<b>419 HILLSIDE COURT</b>	
1.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>	

2.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DUNLEW, MIKE</b>	
2.3 STREET ADDRESS	<b>BROOKSVILLE, FL</b>	
2.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL</b>	

3.1 TITLE	<b>S/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DANSON, ALBERT</b>	
3.3 STREET ADDRESS	<b>16223 FRIENDLY ROAD</b>	
3.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>	

4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>BROWN, DONALD</b>	
4.3 STREET ADDRESS	<b>9321 WALLIEN DRIVE</b>	
4.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>	

5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>mark Stepbach</b>	
5.3 STREET ADDRESS	<b>9948 Domingo Drive</b>	
5.4 CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	

6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>CHANCE, ROBERT</b>	
6.3 STREET ADDRESS	<b>9410 WALLIEN DRIVE</b>	
6.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>	

14. 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 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:

*[Signature]*

6/5/98

(352)796 5123

CR2E037 (10/97)