

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 23 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **734200** (9)

1. Corporation Name

LANARK VILLAGE GOLF CLUB, INC.



Principal Place of Business

Mailing Address

**LANARK VILLAGE CHILLAS HALL
156-A HEFFERNAN DRIVE
LANARK VILLAGE FL 32323**

**P.O. BOX 1313
LANARK VILLAGE FL**

3. Date Incorporated or Qualified

10/30/1975

4. FEI Number

59-1309253

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. BOX 1337**

22 City & State

27 Suite, Apt. #, etc.
28 **LANARK VILLAGE, FL**

23 City & State

24 Zip **25** Country

29 **32323-1337** **30** **FRANKLIN**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MELOCHE, RONALD E
CHILLAS HALL
156-A HEFFERNAN DRIVE
LANARK VILLAGE FL 32323**

81 Name

MELOCHE, RONALD E.

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

52-1 PARKER, P.O. BOX 352

83

LANARK VILLAGE, FL 32323-0352

84 City

LANARK VILLAGE

FL

85 Zip Code **32323-0352**

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **ST**
STREET ADDRESS **TIBBETTS, ESTHER**
CITY-ST-ZIP **51-2 WISTERIA CT., BOX 471
LANARK VILLAGE**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **ST**
1.3 STREET ADDRESS **TINKER, THELMA E.**
1.4 CITY-ST-ZIP **8-5 CARNATION CT. P.O. BOX 1418
LANARK VILLAGE, FL 32323-1418**

TITLE ☒ DELETE
NAME **VT**
STREET ADDRESS **GRANT, JOHN W.**
CITY-ST-ZIP **4-2 PARKER AVE.
LANARK VILLAGE FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VT**
2.3 STREET ADDRESS **COURAGE, RAYMOND L.**
2.4 CITY-ST-ZIP **104 CARL KING AVE. P.O. BOX 733
LANARK VILLAGE, FL 32323-0733**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **MELOCHE, RONALD E**
CITY-ST-ZIP **52-1 HOLLY CT., BOX 352
LANAK VILLAGE FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **T**
3.3 STREET ADDRESS **MELOCHE, RONALD E.**
3.4 CITY-ST-ZIP **52-1 PARKER AVE. P.O. BOX 352
LANARK VILLAGE, FL 32323-0352**

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **TOLBERT, NOLA, M**
CITY-ST-ZIP **131 CARL KING AVE. P.O. BOX 534
LANARK VILLAGE, FL 32323-0534**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **P**
4.3 STREET ADDRESS **TOLBERT, NOLA, M**
4.4 CITY-ST-ZIP **131 CARL KING AVE. P.O. BOX 534
LANARK VILLAGE, FL 32323-0534**

TITLE ☐ DELETE
NAME **D.**
STREET ADDRESS **CLARK, DOROTHY J.**
CITY-ST-ZIP **7-2 CAMELIA CT. P.O. BOX 1352
LANARK VILLAGE, FL 32323-1352**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D.**
5.3 STREET ADDRESS **CLARK, DOROTHY J.**
5.4 CITY-ST-ZIP **7-2 CAMELIA CT. P.O. BOX 1352
LANARK VILLAGE, FL 32323-1352**

TITLE ☐ DELETE
NAME **D.**
STREET ADDRESS **PETERSON, VERNON**
CITY-ST-ZIP **213 CARL KING AVE. P.O. BOX 734
LANARK VILLAGE, FL 32323-0734**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D.**
6.3 STREET ADDRESS **PETERSON, VERNON**
6.4 CITY-ST-ZIP **213 CARL KING AVE. P.O. BOX 734
LANARK VILLAGE, FL 32323-0734**

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:

Ronald E. Meloché

7-11-98 850-197-4171

CR2E037 (10/97)