

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 734200**

1. Entity Name

LANARK VILLAGE GOLF CLUB, INC.



Principal Place of Business

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

Mailing Address

P O BOX 1337  
LANARK VILLAGE, FL 32323 US



01082004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1309253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MELOCHE, RONALD E  
52-1 PARKER P O BOX 352  
156-A HEFFERNAN DRIVE  
LANARK VILLAGE, FL 32323

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST TYLER, ROBERT P.O. BOX -- LANARK VILLAGE, FL 32323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT SEWELL, GENE 31-B HEFFERNAN DR6 LANARK VILLAGE, FL 32323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CLARK, LEE A 51-1 E PINE ST LANAK VILLAGE, FL 32323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GODBURN, WARD 2268 HWY 98 E CARRABELLE, FL 32322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, DOROTHY J 7-2 CAMELIA CT P O BOX 1352 LANARK VILLAGE, FL 32323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

00000003927  
01/14/04-80007-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-04 (850-697-5441)