

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90027 002 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE MANZANARES	
STREET ADDRESS	662 E PINE ST	
CITY-ST-ZIP	LANARK VILLAGE, FL 32323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND L. COURAGE	
STREET ADDRESS	126 CARL KING AVE	
CITY-ST-ZIP	LANARK VILLAGE, FL 32323	

12. 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 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:

Joyce Manzanares
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850 697 4539