

4-9-98 B-4395-C
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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741078** (0)

1. Corporation Name

KEYSTONE GOLF AND COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

~~HWY 21 SOUTH~~
~~P.O. BOX 245~~
KEYSTONE HEIGHTS FL 32656

~~HWY 21 SOUTH~~
~~P.O. BOX 245~~
KEYSTONE HEIGHTS FL 32656



3. Date Incorporated or Qualified

12/19/1977

4. FEI Number

59-0939614

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 294 S.E. 43rd Street

26 294 S.E. 43rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

ABLES, RICHARD
7849 STATE ROAD 21
KEYSTONE HEIGHTS FL 32656

81 Name

John D. Dabney

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

4398 S.E. 1st Avenue

83

84 City

Keystone Heights

FL

85 Zip Code

32656

I, the undersigned, do hereby certify that 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]

(NOTE: Registered Agent signature required when reinstating)

4/2/98

DATE

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	MILLER, OLGA
STREET ADDRESS	120 LAKE MELROSE LANE
CITY-ST-ZIP	MELROSE FL
TITLE	PD
NAME	ABLES, RICHARD
STREET ADDRESS	7849 S.R. 21
CITY-ST-ZIP	KEYSTONE HIGHTS FL
TITLE	VD
NAME	DABNEY, JOHN D.
STREET ADDRESS	5 ARI WOODS
CITY-ST-ZIP	KEYSTONE HEIGHTS FL
TITLE	TD
NAME	DOWLING, ROBERT J.
STREET ADDRESS	7479 PARADISE DRIVE
CITY-ST-ZIP	KEYSTONE HEIGHTS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Secretary / Director
1.2 NAME	Veates, Martha
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Keystone Heights, FL 32656
2.1 TITLE	President / Director
2.2 NAME	Dabney, John D.
2.3 STREET ADDRESS	4398 S.E. 1st Avenue
2.4 CITY-ST-ZIP	Keystone Heights, FL 32656
3.1 TITLE	Vice President / Director
3.2 NAME	Stafford, John T.
3.3 STREET ADDRESS	1086 S.E. County Road 21B
3.4 CITY-ST-ZIP	Melrose, FL 32666
4.1 TITLE	Treasurer / Director
4.2 NAME	Marshall, John W.
4.3 STREET ADDRESS	520 S.E. 41st Street
4.4 CITY-ST-ZIP	Keystone Heights, FL 32656
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 recorder 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]

4/2/98

CR2E037 (10/97)