

FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90119 050 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756091

1. Corporation Name
RIO PINAR COUNTRY CLUB, INC.

Principal Place of Business Mailing Address
8600 EL PRADO DR. 8600 EL PRADO DR.
ORLANDO FL 32825 ORLANDO FL 32825



2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 01/28/1981
22 City & State 27 City & State 4. FEI Number 59-0835421 Applied For Not Applicable
23 Zip Country 28 Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
24 25 29 30 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
STRZALKO, JAMES 81 Name
589 LAGOON DR. 82 Street Address (P.O. Box Number is Not Acceptable)
OVIEDO FL 32765 83
84 City FL 85 Zip Code

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 D AMICO, VINCENT 1.1 TITLE VP
NAME AMICO, VINCENT 1.2 NAME ROSEMARY SMITH
STREET ADDRESS 831 CONGHAVEN DRIVE 1.3 STREET ADDRESS 8330 CANACAS AVE.
CITY-ST-ZIP MAITLAND FL 1.4 CITY-ST-ZIP ORLANDO, FL. 32825
TITLE TD BRENNEAN, PETE 2.1 TITLE SEC.
NAME BRENNEAN, PETE 2.2 NAME WARREN CARRUTHERS
STREET ADDRESS 1940 COTSWOLD DR 2.3 STREET ADDRESS 932 PINAR DR.
CITY-ST-ZIP ORLANDO FL 2.4 CITY-ST-ZIP ORLANDO, FL. 32825
TITLE D WASHBURN, CRAIG 3.1 TITLE TREASURER
NAME WASHBURN, CRAIG 3.2 NAME PAUL DUMM
STREET ADDRESS 8820 EL PRADO DR 3.3 STREET ADDRESS 820 DEERWOOD AVE.
CITY-ST-ZIP ORLANDO FL 32825 3.4 CITY-ST-ZIP ORLANDO, FL. 32825
TITLE P LANGSTON, DAN 4.1 TITLE D
NAME LANGSTON, DAN 4.2 NAME MICK NICKLAZZINA
STREET ADDRESS 1523 ENSENADA DRIVE 4.3 STREET ADDRESS 1956 COTSWOLD DR.
CITY-ST-ZIP ORLANDO FL 32825 4.4 CITY-ST-ZIP ORLANDO, FL. 32825
TITLE D SPRIES, GEORGE 5.1 TITLE D
NAME SPRIES, GEORGE 5.2 NAME JACK WEISS
STREET ADDRESS 830 PINAR DR 5.3 STREET ADDRESS 4903 BARCELONA ST.
CITY-ST-ZIP ORLANDO FL 32825 5.4 CITY-ST-ZIP ORLANDO, FL. 32807
TITLE D YANGE, STEVE 6.1 TITLE D
NAME YANGE, STEVE 6.2 NAME TIM MOORHEAD
STREET ADDRESS 8812 EL PRADO DR 6.3 STREET ADDRESS 1907 COTSWOLD DR.
CITY-ST-ZIP ORLANDO FL 6.4 CITY-ST-ZIP ORLANDO, FL. 32825

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, with all other like empowered.

SIGNATURE: [Signature] DATE: 5/29/99 DAYTIME PHONE: 272-5121

CR2E037 (11/98)