


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90287 028 ****61.25

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|--|---|---|---|---|--|
| DOCUMENT # 756091 1. Entity Name RIO PINAR COUNTRY CLUB, INC. | | | |  | |
| Principal Place of Business 8600 EL PRADO DR. ORLANDO, FL 32825 | | | Mailing Address 8600 EL PRADO DR. ORLANDO, FL 32825 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-0835421 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent DAVIS, ISAAC 8600 EL PRADO DR. ORLANDO, FL 32825 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WEISS, JACK 1807 MORGANS MILL ROAD ORLANDO, FL 32825 <input checked="" type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SUNDERLIN, WALTER 8515 GRENSTAD CT. ORLANDO, FL 32825 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WILLMAN, GARY 1718 BILLINGSHURST CT. ORLANDO, FL 32825 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KNUTSON, LARRY 1845 COTSWOLD DR. ORLANDO, FL 32825 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBERTS, JOHN 1125 PINAR DR. ORLANDO, FL 32825 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CAPOVILLA, ELSON 727 CEDAR FOREST CIR. ORLANDO, FL 32828 <input type="checkbox"/> Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| D BOB BATHEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1956 COTSWOLD DR. ORLANDO, FL 32825 | | | | | |
| D JIM MOREHEAD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1513 PEARL DR. ORLANDO, FL 32825 | | | | | |
| D JOSEPH REBNER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2935 KETZBOOTH DR. WINTER PARK, FL 32792 | | | | | |
| D TOM FISHER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10250 SHADOWNBROOK LN. ORLANDO, FL 32828 | | | | | |
| 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: <u>Walter J. Sunderlin</u> 4/27/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> Walter J. Sunderlin, President | | | | | |