

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766690 (2)

1. Corporation Name
LAKELAND YACHT AND COUNTRY CLUB, INC.



Principal Place of Business: 929 LAKE HOLLINGSWORTH DR. LAKELAND FL 33803-3199
Mailing Address: 929 LAKE HOLLINGSWORTH DR. LAKELAND FL 33803-3199

3. Date Incorporated or Qualified: 01/24/1983
3a. Date of Last Report: 04/05/1995

| | | | |
|---|---------------------|--|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 59-0530324 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 | 27 | <input type="checkbox"/> | |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23 | 28 | <input type="checkbox"/> | |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

MARTIN, MICHAEL D.
400 FLORIDA FEDERAL BLDG
LAKELAND FL 33801

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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: _____ DATE: _____
Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PCD MASOM RICHARD 1918 SEMINOLE TRAIL LAKELAND FL | <input type="checkbox"/> DELETE | 1.1 TITLE CD GERALD L. BLACK 2626 OAKLAND AV LAKELAND FL 33803 |
| NAME | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | CD RUTKUEN JOE P.O. BOX 2187 LAKELAND FL | <input type="checkbox"/> DELETE | 2.1 TITLE VCD ROBERT NEWSOME 911 SAGAMORE ST LAKELAND FL 33803 |
| NAME | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | D NEWSOME, ROBERT 911 SAGAMORE ST LAKELAND FL | <input type="checkbox"/> DELETE | 3.1 TITLE RCD JOHN T CANNON 332 EUNICE AV LAKELAND FL 33803 |
| NAME | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | T CANDOM, JOHN 332 EUNICE AVE LAKELAND FL | <input type="checkbox"/> DELETE | 4.1 TITLE DR RAUL LOPEZ 2129 BENFORD AV LAKELAND FL 33803 |
| NAME | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | S LOPEZ, R PAUL 2129 BENFORD AVE LAKELAND FL | <input type="checkbox"/> DELETE | 5.1 TITLE S MARK E CLEMENTS 504 EASTON DR LAKELAND FL 33803 |
| NAME | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | VCD BLACK, GERALD 2626 OAKLAND AVE LAKELAND FL | <input type="checkbox"/> DELETE | 6.1 TITLE PCD JOE P RUTHVEN P. O. BOX 2187 LAKELAND FL 33806 |
| NAME | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Robert Newsome 1-31-96 941-680-2582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)