

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

Mailing Address

**929 LAKE HOLLINGSWORTH DR.
LAKELAND FL 33803-3199**

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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

21

26

4. FEI Number

59-0530324

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

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 reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PCD MASOM RICHARD**
STREET ADDRESS **1918 SEMINOLE TRAIL**
CITY - ST - ZIP **LAKELAND FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **CD GERALD L. BLACK**
1.3 STREET ADDRESS **2626 OAKLAND AV**
1.4 CITY - ST - ZIP **LAKELAND FL 33803**

TITLE ☐ DELETE
NAME **CD RUTKUEN JOE**
STREET ADDRESS **P.O. BOX 2187**
CITY - ST - ZIP **LAKELAND FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **VCD ROBERT NEWSOME**
2.3 STREET ADDRESS **911 SAGAMORE ST**
2.4 CITY - ST - ZIP **LAKELAND FL 33803**

TITLE ☐ DELETE
NAME **D NEWSOME, ROBERT**
STREET ADDRESS **911 SAGAMORE ST**
CITY - ST - ZIP **LAKELAND FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **RCD JOHN T CANNON**
3.3 STREET ADDRESS **332 EUNICE AV**
3.4 CITY - ST - ZIP **LAKELAND FL 33803**

TITLE ☐ DELETE
NAME **T CANDOM, JOHN**
STREET ADDRESS **332 EUNICE AVE**
CITY - ST - ZIP **LAKELAND FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **I DR RAUL LOPEZ**
4.3 STREET ADDRESS **2129 BENFORD AV**
4.4 CITY - ST - ZIP **LAKELAND FL 33803**

TITLE ☐ DELETE
NAME **S LOPEZ, R PAUL**
STREET ADDRESS **2129 BENFORD AVE**
CITY - ST - ZIP **LAKELAND FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **S MARK E CLEMENTS**
5.3 STREET ADDRESS **504 EASTON DR**
5.4 CITY - ST - ZIP **LAKELAND FL 33803**

TITLE ☐ DELETE
NAME **VCD BLACK, GERALD**
STREET ADDRESS **2626 OAKLAND AVE**
CITY - ST - ZIP **LAKELAND FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **PCD JOE P RUTHVEN**
6.3 STREET ADDRESS **P. O. BOX 2187**
6.4 CITY - ST - ZIP **LAKELAND FL 33806**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

Date

941-680-2582

Daytime Phone #

CR2E037 (12/95)