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Mar 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33803-3199929 LAKE HOLLINGSWORTH DR.
LAKELAND FL 33803-31403. Date Incorporated or Qualified
01/24/19833a. Date of Last Report
03/20/19964. FEI Number
59-0530324Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD
NAME MASOM RICHARD
STREET ADDRESS 1918 SEMINOLE TRAIL
CITY-ST-ZIP LAKELAND FL ☒ DELETE1.1 TITLE
1.2 NAME MARK CLEMENTS
1.3 STREET ADDRESS 504 EASTON DR.
1.4 CITY-ST-ZIP LAKELAND, FL 33806 ☐ Change ☒ AdditionTITLE CD
NAME RUTKUEN JOE
STREET ADDRESS P.O. BOX 2187
CITY-ST-ZIP LAKELAND FL ☒ DELETE2.1 TITLE
2.2 NAME FRANK BUZZANCA
2.3 STREET ADDRESS 4302 FOREST HILLS DR.
2.4 CITY-ST-ZIP LAKELAND, FL 33813 ☐ Change ☒ AdditionTITLE D
NAME NEWSOME, ROBERT
STREET ADDRESS 911 SAGAMORE ST
CITY-ST-ZIP LAKELAND FL ☐ DELETE3.1 TITLE PCD
3.2 NAME GERALD L. BLACK
3.3 STREET ADDRESS 2626 OAKLAND AVE
3.4 CITY-ST-ZIP LAKELAND, FL 33803 ☒ Change ☐ AdditionTITLE T
NAME CANDOM, JOHN
STREET ADDRESS 332 EUNICE AVE
CITY-ST-ZIP LAKELAND FL ☐ DELETE4.1 TITLE VCD
4.2 NAME JOHN CANNON
4.3 STREET ADDRESS 332 EUNICE AVE
4.4 CITY-ST-ZIP LAKELAND, FL 33803 ☒ Change ☐ AdditionTITLE S
NAME LOPEZ, R PAUL
STREET ADDRESS 2129 BENFORD AVE
CITY-ST-ZIP LAKELAND FL ☐ DELETE5.1 TITLE CD
5.2 NAME ROBERT T. NEWSOME
5.3 STREET ADDRESS 911 SAGAMORE ST.
5.4 CITY-ST-ZIP LAKELAND, FL 33803 ☒ Change ☐ AdditionTITLE VCD
NAME BLACK, GERALD
STREET ADDRESS 2626 OAKLAND AVE
CITY-ST-ZIP LAKELAND FL ☐ DELETE6.1 TITLE RCD
6.2 NAME DR. RAUL LOPEZ
6.3 STREET ADDRESS 2129 BENFORD AVE
6.4 CITY-ST-ZIP LAKELAND, FL 33803 ☒ Change ☐ Addition

14. I do 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.

SIGNATURE: JOHN T. CANNON JOHN T. CANNON 3-6-97 941-680-2582
Signature typed or printed name of signing officer or director Date Daytime Phone # 0052612

CR2E037 (9/96)