

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 # 769470 (6)
1. Corporation Name
DELTONA HILLS GOLF AND COUNTRY CLUB, INC.



Principal Place of Business
**1120 ELKCAM BLVD.
DELTONA FL 32725**

Mailing Address
**1120 ELKCAM BLVD.
DELTONA FL 32725**

3. Date Incorporated or Qualified
07/20/1983

3a. Date of Last Report
02/01/1995

4. FEI Number
59-2311338

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**RUNGE, KENNETH
1974 E COOPER DR
DELTONA FL 32725**

10. Name and Address of New Registered Agent

81 Name
COLIN THOMSON

82 Street Address (P.O. Box Number is Not Acceptable)
1318 N. OLD MILL DRIVE

83 City
DELTONA

84 State
FL

85 Zip Code
32725

"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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	BELL, ROY	2192 S SWANSON DRIVE	DELTONA, FL 00000 FL	<input checked="" type="checkbox"/>
VPD	KRECH, WILLIAM	PO BOX 4009 N/A	ENTERPRISE FL	<input checked="" type="checkbox"/>
TD	LEAVELL, STEVEN	1440 GALENA TER	DELTONA FL	<input checked="" type="checkbox"/>
SD	RUNGE, KENNETH	1974 E COOPER DR	DELTONA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT	BILL KRECH	1550 OLD TITUSVILLE ROAD	ENTERPRISE, FLA. 32725	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT	ERNIE MASIELLO	1170 ELKCAM BLVD. #8	DELTONA, FLA. 32725	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TREASURER	CLIF TOOTHAKER	1195 FEATHER DR.	DELTONA, FL 32725	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY	COLIN THOMSON	1318 N. OLD MILL DRIVE	DELTONA, FLA 32725	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 registered agent 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

(904) 789-3911

CR2E037 (12/95)