SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 3AMOUNT DUE ON OR BEFORE 9/17/07: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

769470

DOCUMENT #

1. Corporation Name (6)DELTONA HILLS GOLF AND COUNTRY CLUB, INC. Principal Place of Business Mailing Address 1120 ELKCAM BLVD. 1120 ELKCAM BLVD. DELTONA FL 32725 **DELTONA FL 32725** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 07/20/1983 03/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2311338 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 Yes Yes 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THOMSON, COLIN 82 Street Address (P.O. Box Number is Not Acceptable) 1318 N OLD MILL DR DELTONA FL 32725 В3 84 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD TITLE DELETE Change 1.5 TITLE Addition KRECH, BILL NAME -1.2 NAME 1550 OLD TITUSVILLE RD STREET ADDRESS 1.3 STREET ADDRESS **ENTERPRISE FL 32725** CITY-ST-ZIP 1.4 CITY-ST-ZIP VD TITLE DELETÉ 2.1 TITLE VD ☐ Change Addition MASIELLO, ERNIE NAME 2.2 NAME STEVE LEAVELL 1170 ELKCAM BLVD #8 STREET ADDRESS 1440 GALENA TERRACE 2.3 STREET ADDRESS **DELTONA FL 32725** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELTONA, FL 32725 DELETE TITLE TD Addition 3.1 TITLE Change TOOTHAKER, CLIF NAME 3.2 NAME NEIL McLAUGHLIN 1195 FEATHER DR STREET ADDRESS 3.3 STREET ADDRESS 1221 N. OLD MILL DR. **DELTONA FL 32725** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELTONA, FL 32725 TITLE ☐ DELETE 4.1 TITLE Change Addition THOMSON, COLIN NAME 4. 2 NAME 1318 N OLD MILL DR STREET ADDRESS 4.3 STREET ADDRESS **DELTONA FL 32725** CITY-ST-ZIP 4.4 CITY - ST-7/P TITLE DELETE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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.

RITT CAMENIATA

FILED

Jul 28 1997 8:00am

Secretary of State