

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90004 038 ****70.00

0013591

DOCUMENT # 769470

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/20/1983

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

9. Name and Address of Current Registered Agent

THOMSON, COLIN
1318 N OLD MILL DR
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name

McLAUGHLIN, NEIL

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

1221 N. OLD MILL DRIVE

83

84 City DELTONA

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Neil McLaughlin* PRESIDENT JANUARY 6, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD ~~XX~~DELETE

NAME THOMSON, COLIN
STREET ADDRESS 1318 N OLD MILL DR
CITY-ST-ZIP DELTONA FL 32725

TITLE VD ~~XX~~DELETE

NAME SUPROCK, GEORGE
STREET ADDRESS 1170 ELKCAM BLVD UNIT 4
CITY-ST-ZIP DELTONA FL 32725

TITLE TD ~~XX~~DELETE

NAME McLAUGHLIN, NEIL
STREET ADDRESS 1221 N OLD MILL DR
CITY-ST-ZIP DELTONA FL

TITLE SD ☐ DELETE

NAME ZIELINSKI, THOMAS J
STREET ADDRESS 538 EVERETT ST
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

McLAUGHLIN, NEIL
1221 N. OLD MILL DRIVE
DELTONA, FLA. 32725

VD

CORNELL, DALLAS
1092 PROVIDENCE BLVD.
DELTONA, FLA. 32725

TD

MICK, DELMER
636 S. WELLINGTON DRIVE
DELTONA, FLA. 32725

SD

☐ Change ☒ Addition

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14. I 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, with all other like empowered.

SIGNATURE: *Neil McLaughlin* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 6, 1999 (904) 789-3911

Date

Daytime Phone #

CR2E037 (11/98)