FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:04

DOCUMENT # G11669 (0)

1. Corporation Name
MISTY CREEK COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
8954 MISTY CREEK DR SARASOTA FL 34241	8954 MISTY CREEK DR SARASOTA FL 34241

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/03/1982
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-2245182 ☐ 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

SEUFFERT, JANIE
8954 MISTY CREEK DR
SARASOTA FL 34241

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Secretary/Director	☒ Change ☐ Addition
NAME	MAULDIN, CALVIN	1.2 NAME		
STREET ADDRESS	8941 MISTY CREEK DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	DS	2.1 TITLE	Vice President/Director	☒ Change ☐ Addition
NAME	WALLS, JOHN	2.2 NAME		
STREET ADDRESS	8840 WILD DUNES DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE	DV	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	MARSH, CLINTON	3.2 NAME	Thomas, Laurence	
STREET ADDRESS	8927 MISTY CREEK DR.	3.3 STREET ADDRESS	8822 Misty Creek Drive	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	DP	4.1 TITLE		☐ Change ☐ Addition
NAME	MCCRAKEN, OLIVER	4.2 NAME		
STREET ADDRESS	8845 MISTY CREEK DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	Treasurer/Director	☒ Change ☐ Addition
NAME	BABB, CHARLES	5.2 NAME		
STREET ADDRESS	3630 ASTER DR.	5.3 STREET ADDRESS	8820 Misty Creek Drive	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SILEO, ANDREW	6.2 NAME		
STREET ADDRESS	3623 BENEVA OAKS CIR	6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP		

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)(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 607, 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 — Date — Daytime Phone #

0940008 CP