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FILED

Feb 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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 NAME STREET ADDRESS CITY-ST-ZIP

**S MAULDIN, CALVIN  
8941 MISTY CREEK DR  
SARASOTA FL 34241**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VP FIORELLI, EDWARD  
4884 WOOD POINTE WAY  
SARASOTA FL 34241**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**P THOMAS, LAURENCE  
8822 MISTY CREEK DRIVE  
SARASOTA FL 34241**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**T MCCracken, OLIVER  
8845 MISTY CREEK DR.  
SARASOTA FL 34241**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D PALUMBO, JERRY  
925 BAY SHORE ROAD  
NOKOMIS FL 34275**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D SILEO, ANDREW  
3308 SALEM AVENUE  
SARASOTA FL 34238**

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

**SECRETARY  
BURNS, RAYMOND  
3650 COUNTRY PLACE  
SARASOTA, FL 34233**

☐ Change ☒ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

**DIRECTOR  
SINGER, JAMES  
8363 EAGLE CROSSING  
SARASOTA, FL 34241**

☐ Change ☒ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

**DIRECTOR  
JEFFREY, AL  
2240 CATTLEMAN ROAD  
SARASOTA, FL 34232**

☐ Change ☒ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Laurence C. Thomas*

CP2E034 (10/97)