PROFIT. CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name J13360 SCHALAMAR CREEK GOLF CLUB, INC.

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90066 013 ***150.00



Principal Pla	ace of Business	Mailing Address	,Mailing Address			- I EBRITIO BIEN UTABE HITOP HITOP BINN TORIN BIRN BIRN BIRN BIRN BIRN BIRN BIRN B		
4500 HIGHWAY 92 EAST 4500 HIGHWAY 92 EAST						1		
STE.#1028		STE.#1028					•	
LAKELAND FL 33801 LAKELAND FL 3380						DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualifed		
2. Principal	Place of Business					05/05/1986		. f
21	race of pusiness	2a. Mailing Address			<u> </u>	4. FEI Number		Applied For
	Suite, Apt. #, etc.					59-2815521	- 	Not Applicable
22	t. #, 6tc.	Suite, Apt. #, etc.	n				\$8.7	5 Additional
City & Sta	ate	27				5. Certifcate of Status Desired		Required
[23]		-	City & State			6. Election Campaign Financing \$5.00 May Be		
Zip	Country	28				Trust Fund Contribution		ed to Fees
24	25					8. This corporation owes the current ye	ar Intangible	
	9. Name and Address of Currer	29	<u> </u> 30			Personal Property Tax.	. □Yes	□No
-	2 : \$ 15 : 16 15 15	it Registered Agent		04	<u>. </u>	10. Name and Address of New Regist	ered Agent	
, KNA	NPP, RANDALL L.			81	Name			
4500 HIGHWAY 92 EAST				82 Street Address (P.O. Box Number is Not				
	ELAND FL 33801		. [- The second of		
			ł	83				e. 5/21/76/1189
			}	84	City	一		
11' Dian	12.45			11	•		FJ 85 Zi	p Code *****
office or	to the provisions of Sections 607.050; registered agent, or both, in the State	2 and 607.1508, Florida Statute	s, the ab	ove-	named corpor	ation submits this statement for the purpos s board of directors. I hereby accept the a	e of changing	its registered
Take agent. I a	im familiar with, and accept the obligat	ions of Section 607.0505, Flor	ida Statu	ມy ເກ tes.	ne corporation	's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE						•		
12.	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	Registered A	\gent s	signature required w	men reinstating) DAT	<u> </u>	
TITLE	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS	S AND DIRECT	FORS IN 12
NAME		☐ DELETE	. 1.1 TITL	E		S' (1777)	☐ Change	
STREET ADDRESS	KNAPP, MERLYN V.		1.2 NAM	Œ	İ			_
	2020 ARIANA BLVD.		1.3 STR	EET AL	DORESS			
CITY-ST-ZIP TITLE	AUBURNDALE FL		1.4 CITY	-ST-Z	ZIP			İ
NAME	PD POWER O	☐ DELĒTE	2.1 TITL	E			☐ Change	€ Addition
[KNAPP, DONALD O.		2.2 NAM	E	1			
STREET ADDRESS	4500 HIGHWAY 92 EAST		2.3 STR	EETAD	DORESS			•
CITY-ST-ZIP	LAKELAND FL		2, 4 CITY	-ST-2	ZIP			
TITLE	ST	C DELETE	3.1 TITLE				☐ Change	Addition
NAME .	KNAPP, RANDALL L.	<i>t</i> 5	3.2 NAME	Ē	1			
	4500 HWY. 92 E.		3.3 STRE	ET AD	DORESS			4
	LAKELAND FL		3.4. CITY		- 1	一 三月新聞報 经工出营证	的對於當時	
TITLE		☐ DELETE	4.1 TITLE	-		10 10 10 10 10 10 10 10 10 10 10 10 10 1	Change	E TT Addition
NAME	្តា ខភ <i>្នំ</i> ៖	ys 10.	4. 2 NAMI	E	l	Same of the same o	· · · Fill Audulida	STEEL STANDINGER
STREET ADORESS			4.3 STRE	ET ADI	ORESS .			1
	See .		4.4 CITY-					ļ
TITLE		☐ DELETE	5.1 TITLE		- -		D Char	
NAME	,		5.2 NAME			7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change	Addition
STREET ADDRESS	₩		5.3 STREE	ET ADO	DRESS	1 7 5 1 8 14Z7		
3111-31-21			5.4 CITY-:	ST-ZIP	,			
	FATAGRIST, TORING S. J. S. TANTON COLOR OF A.	☐ DELETE	6.1 TITLE					
IAME	2022 ASA NA NA TAONA AMIN'NY NORMANDER NO BEN'NY TAONA MANDRIS NO BEN'NY TAONA MANDRIS NO BEN'NY TAONA NO BEN'N Ny INSEE DIE NA INDRESE NO BEN'NY TAONA NO BEN'NY TAONA NO BEN'NY TAONA NO BEN'NY TAONA NO BEN'NY TAONA NO BEN'		6.2 NAME		1		☐ Change	Addition 1
			6.3 STREE		ORESS			.
ITY-ST-ZIP		•	6.4 CITY- S					-

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 effect 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 chapted or an an attachment with an address, with all other like empowered.