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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J77364** (4)

1. Corporation Name

SWEETWATER GOLF & COUNTRY CLUB, INC.



Principal Place of Business

Mailing Address

% EMIL A. GASPERONI
505 WEKIVA SPRINGS ROAD, STE. 800
LONGWOOD FL 32779

% EMIL A. GASPERONI
505 WEKIVA SPRINGS ROAD, STE. 800
LONGWOOD FL 32779

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GASPERONI, EMIL A.
505 WEKIVA SPRINGS ROAD
STE. 800
LONGWOOD FL 32779

81 Name **EMIL A. GASPERONI JR.**
82 Street Address (P.O. Box Number is Not Acceptable)
505 WEKIVA SPRINGS ROAD
83 **STE. 800**
84 City **Longwood** FL 85 Zip Code **32779**

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 board, if applicable

Signature, typed or printed name of Agent, if registered agent is not a corporation

DATE

Emil Gasperoni Jr. 2/28/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **GASPERONI, EMIL A.**
CITY-ST-ZIP **505 WEKIVA SPGS. RD.#800**
LONGWOOD FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **Change**
1.3 STREET ADDRESS **505 wekiva springs road**
1.4 CITY-ST-ZIP **ste 800**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **JUDGE, WALTER E.**
CITY-ST-ZIP **405 DOUGLAS AVENUE, SUITE 1955**
ALTAMONTE SPGS FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emil Gasperoni Jr.

Date:

(405) 774-7434
Daytime Phone #

CR2E034 (12/95)