

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J77364** (4)

1. Corporation Name
SWEETWATER GOLF & COUNTRY CLUB, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1987

4. FEI Number

59-2821047

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 **931 Wekiva Springs**

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 **931 Wekiva Springs Road**

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

GASPERONI, EMIL A., JR.

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

931 Wekiva Springs Road

83

84 City

Longwood

FL

85 Zip Code

32779

11. Pursuant to the provisions of Sections 607.04(2) 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, Sections 607.04(2) and 607.1508, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then acceptable

(Not if Registered Agent signature required when reinstating)

DATE

1/12/98

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **GASPERONI, EMIL A.**
STREET ADDRESS ~~**505 WEKIVA SPRINGS ROAD, SUITE 800**~~
CITY-ST-ZIP **LONGWOOD FL**

TITLE **V** ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

931 Wekiva Springs Road

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Emil Gasperoni

CR2E034 (10/97)