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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K30689

(9)

THE COUNTRY CLUB OF SEBRING, INC.

FILED
May 02 1997 8:00am
Secretary of State



Principal Place of Business		Mailing Address			1 (4 1) 10 11 11 14 11 11 4 11 11 4 11 11 11 11 11		
4800 HAW BRAI SEBRING FL 33		4800 HAW BRANCH RD SEBRING FL 33872-4706					
					3. Date incorporated or Qualified 08/08/1988	3a. Date of L 08/07/19	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	1	Applied For
21		26			59-2611068 Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	7	75 Additional	
22		27			C. Spittingers of states beginned	F	ee Required
City & State		City & State	⊢ '		6. Election Campaign Financing	\$5.00 May Be	
23		28	T		Trust Fund Contribution		Ided to Fees
Zip	Country	Zip Oountry		•	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	9, Name and Address of Curre	29	30		Florida Statutes 10. Name and Address of New Rec		
1140		iii negistereo Agent	81	Name	10. Name and Address of New Heg	listeren Adein	
	ris, roland, g Haw Branch RD			140.110			
		82	Street Add	ddress (P.O. Box Number is Not Acceptable)]	
SEBI	RING 33872		83				
			63				
			84	City		- 85	Zip Code
						FL °	
11. Pursuant to	to the provisions of Sections 607.05t eaistered agent, or both, in the State	02 and 607.1508, Florida Stati e of Florida. Such change was	utes, the abov authorized b	e-named corp 7 the corpora	poration submits this statement for the petion's board of directors. I hereby accep	urpose of chang t the appointme	ing its registered nt as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statute	s. '	, i	• •	Ĭ
SIGNATURE							
	Signature, typed or printed name of registered ag	ont and title if applicable (NC ID DIRECTORS	DTE: Registered Ag	ent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	CTODO IN 10
12.	PTD OFFICERS AN	DELETE	1.1 111LE		ADDITIONS/CHANGES TO OFFICE		ange Addition
	HARRIS, ROLAND A.			}		L., 011	ange [] Addition
NAME	4800 HAW BRANCH RD		1.2 NAME				
STREET ADDRESS	SEBRING FL			ADDRESS			
CITY-ST-ZIP		DELETE	1.4 CITY-1	51 - ZiP		Ch	ange Addition
TITLE	S } HARRIS, R. GREGORY		2.1 TITLE 2.2 NAME				ange [Addition]
NAME	4800 HAW BRANCH ROAD						
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	SEBRING FL	DELETE	2. 4 CITY-	S1-ZIP		☐ Ch	ange Addition
TITLE		□ ULLETE	3.1 TITLE				ange L' Hoontien
NAME			3.2 NAME				
STREET ADDRESS			3.3 STHEE	ļ.			
CITY-ST-ZIP			34 CITY-	SI-ZIP		☐ Ch	ange Addition
TITLE			4111116			اللا ليا	ende CT Voorent
NAME			4. 2 NAMÉ				ļ
STREET ADDRESS			1	ADDRESS			
CITY-ST-ZIP		Driete	4.4 CITY - 1	ST- 71P		T 0h	anna El teleffica
TITLE		☐ DELETÉ	5.1 TITLE			☐ Ch	ange [] Addition
NAME			5.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP		T burst	5.4 CHY-	S1 - ZIP		——————————————————————————————————————	[] (any)
TITLE		☐ DELETE	61711([☐ Ch	ange [_] Addition
NAME			6.2 NAME	1			
STREET ADDRESS			6.3 STREE	ADDRESS			ļ
CITY-ST-ZIP		1 10 10 10	6.4 CITY-	ST- ZIP			

4. I do 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 faceivor 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 plianged, or go an attachment with an address.

SIGNATURE:

all me

R. Greo Harris

4/25/9-

(941)382-8538