

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

PROFIT -  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90073 009 \*\*\*150.00

DOCUMENT # K65985

1. Corporation Name  
DIAMONDBACK GOLF CLUB, INC.

Principal Place of Business

6501 SR 544E  
HAINES CITY FL 33844  
US

Mailing Address

6501 SR 544E  
HAINES CITY FL 33844  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1989

4. FEI Number

59-2942732

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SCOTT, ROBERT  
123 FAIRWAY DR  
HAINES CITY FL 33844

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 PD ☐ DELETE  
NAME SCOTT, ROBERT  
STREET ADDRESS 123 FAIRWAY DR  
CITY-ST-ZIP HAINES CITY FL

TITLE STD ☐ DELETE  
NAME OSBORNE, W B  
STREET ADDRESS 110 FAIRWAY DR  
CITY-ST-ZIP HAINES CITY FL

TITLE VD ☐ DELETE  
NAME DEHAVEN, ROBERT  
STREET ADDRESS 23 HUNTLEY COURT  
CITY-ST-ZIP HAINES CITY FL

TITLE D ☐ DELETE  
NAME DAVID, JOHN  
STREET ADDRESS 105 TUXFORD DR.  
CITY-ST-ZIP HAINES CITY FL

TITLE D ☐ DELETE  
NAME DUNIGAN, JOSEPH  
STREET ADDRESS 214 FAIRWAY DR.  
CITY-ST-ZIP HAINES CITY FL

TITLE D ☒ DELETE  
NAME NEWGENT, J.S.  
STREET ADDRESS 1881 PLEASANT HILL RD  
CITY-ST-ZIP KISSIMEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Henry CORNS ☐ Change ☒ Addition  
1.2 NAME 178 PINEHURST WAY  
1.3 STREET ADDRESS Bowlinggreen KY 42103  
1.4 CITY-ST-ZIP

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME R.S. Futch  
2.3 STREET ADDRESS 1238 SE 5th Street  
2.4 CITY-ST-ZIP OCALA, FL 34471

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME Bernard UHL  
3.3 STREET ADDRESS 117 FAIRWAY DR  
3.4 CITY-ST-ZIP HAINES CITY FL 33844

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME Robert McClelland  
4.3 STREET ADDRESS 7530 S ORANGE BL. TRAIL  
4.4 CITY-ST-ZIP ORLANDO, FL 32809

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, with all other like empowered.

SIGNATURE:

Walter B. Osborne  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-99

Date

421-0437

Daytime Phone #

CR2E034 (11/98)