

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000002653

1. Entity Name

RANGE 17 FARMS HUNT CLUB, INC.



Principal Place of Business

3201 NW 202 STREET
NEWBERRY FL 32669

Mailing Address

3201 NW 202 STREET
NEWBERRY FL 32669



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3732743

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEPARD, CLIFFORD B III
221 NORTHEAST IVANHOE BLVD.
SUITE 205
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPARD, CLIFFORD B III	
STREET ADDRESS	221 NORTHEAST IVANHOE BLVD.	
CITY-ST-ZIP	ORLANDO FL 32804	

TITLE	D	<input type="checkbox"/> Delete
NAME	BOULOS, KATHERINE E	
STREET ADDRESS	3201 N.W. 202ND STREET	
CITY-ST-ZIP	NEWBERRY FL 32669-2185	

TITLE	D	<input type="checkbox"/> Delete
NAME	CACIOPPO, LEONARD	
STREET ADDRESS	7273 ROYAL OAK DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34607	

TITLE	D	<input type="checkbox"/> Delete
NAME	HORNSBY, ART	
STREET ADDRESS	9725 SW 129TH STREET	
CITY-ST-ZIP	ARCHER FL 32618	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U000000472529	
CITY-ST-ZIP	03/29/06-80040-010 61.25	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

President

3/15/06

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