## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

N02853

(2)

ILLINOIS CLUB OF SPRING HILL FLORIDA, INC.				
Principal Place of Business Mailing Address			156 MINEYUA	
4449 WINTERVILLE AD. 4449 WINTERVILLE AD.		4449 WINTERVILLE RD.	156 Minerua SpringHilliFl 34609	3. Date Incorporated or Qualified
SPRING HILL FL 34608 SPR		SPRING HILL FL 34608	21609	05/01/1984
A mark and the second of the s			<i></i>	4. FEI Number Applied For
	Opring Hill, Fl 34609			59-2429518 Not Applicable
2. Principal Place of Businoss 21		2a. Mailing Address 26		5. Certificate of Status Desired Security Securi
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat	0	City & State		7. Is this nonprofit corporation a homeowners association?  Yes No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30.  Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent
	81 Name			
KORRINGA, FRANCES			62 Street Addre	ess (P.O. Box Number is Not Acceptable)
4117 LANDOVER BL SPRING HILL FL 34609			83	
SPRING	MILL PL 34609			
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617 0502 and 617 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 heraby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.				
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE Signature, typed or printed name of registured agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE				
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Change Addition
NAME	ROTH, LUCILLE		1.2 NAME	
STREET ADDRESS	11362 CALLAGHAN AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-ST-ZIP	
TITLE	VD .	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOFF, CHARLES		2.2 NAME	
STREET ADDRESS	156 MINERVA PL.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	DELETE	2.4 City-St-ZiP	☐ Change ☐ Addition
TITLE	S CADACILA	ווי סנננונ	3.1 TITLE	L] Change L] Addition
NAME	TANNER, CARMELLA 1233 SANGER AVE		3.2 NAME	!
STREET ADDRESS	SPRING HILL FL		3.3 STREET ADORESS	
CITY-ST-ZIP	T	DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
NAME	KORRINGA, FRANCES		4.2 NAME	
STREET ADDRESS	4117 LANDOVER		4.3 STREET ADDRESS	
CITY-SI-ZIP	SPRINGHILL FL		4.4 CITY-ST-ZIP	1
TITLE	T T T T T T T T T T T T T T T T T T T	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	l
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

14. Thereby 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 armuel 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 12 or Block 13 if changed, or on an attachment with an address.

352 686 1675

**FILED** 

Feb 16 1998 8:00am

Secretary of State