

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90077 022 ****61.25

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DOCUMENT # N02853

1. Corporation Name

ILLINOIS CLUB OF SPRING HILL FLORIDA, INC.

Principal Place of Business

156 MINERVA
SPRING HILL FL 34609
US

Mailing Address

156 MINERVA
SPRING HILL FL 34609
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

05/01/1984

4. FEI Number

59-2429518

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

9. Name and Address of Current Registered Agent

KORRINGA, FRANCES
4117 LANDOVER BL
SPRING HILL FL 34609

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 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 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Frances N. Korringa
Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ROTH, LUCILLE
STREET ADDRESS 11362 CALLAGHAN AVE
CITY-ST-ZIP SPRING HILL FL

TITLE VD ☒ DELETE

NAME MOFF, CHARLES
STREET ADDRESS 156 MINERVA PL
CITY-ST-ZIP SPRING HILL FL

TITLE S ☐ DELETE

NAME TANNER, CARMELLA
STREET ADDRESS 1233 SANGER AVE
CITY-ST-ZIP SPRING HILL FL

TITLE T ☐ DELETE

NAME KORRINGA, FRANCES
STREET ADDRESS 4117 LANDOVER
CITY-ST-ZIP SPRING HILL FL

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

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME CHARLES Volpe
2.3 STREET ADDRESS 3145 WILSHIRE AVE.
2.4 CITY-ST-ZIP Spring Hill, FL 34608

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 617, 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: Frances N. Korringa SIGNATURE REQUIRED FRANCES N. KORRINGA 1/14/99 (352) 666-0130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)