

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 15 1997 8:00am
Secretary of State

DOCUMENT # N13652 (5)

1. Corporation Name

SEMINOLE CLUB OF POLK COUNTY, INC.

Principal Place of Business

Mailing Address

%JAMES R MEYER
P O BOX 1071
BARTOW FL 33830

%JAMES R MEYER
P O BOX 1071
BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1986

3a. Date of Last Report

04/22/1996

4. FEI Number

59-2665019

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MEYER, JAMES R.
225 SOUTH CENTRAL AVENUE
BARTOW FL 33830

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

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 ☐ DELETE

NAME TD
BORIS, ELLEN D.
STREET ADDRESS 1205 E GEORGIA ST
CITY-ST-ZIP BARTOW FL

TITLE ☐ DELETE

NAME S
BENNETT, DEBBIE
STREET ADDRESS 2417 AVENUE B S.W. #A
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE

NAME BD
ROBERTS, JOHN JR.
STREET ADDRESS 2010 OVERLOOK DR.
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE

NAME BD
MCASHAN, VAUGHN
STREET ADDRESS 228 OVERLOOK DRIVE
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE

NAME BD
MCGLAMORY, TOM
STREET ADDRESS 5950 IMPERIAL LAKES BLVD
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME PD
KNITT, DON
STREET ADDRESS 2014 BARDMOOR CIRCLE SE
CITY-ST-ZIP WINTER HAVEN FL

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 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.

SIGNATURE *Allen* SIGNATURE REQUIRED

9/16/97 (941) 533-3000

CP2E037 (4/97)