## **FILE NOW: FILING FEE IS \$61.25**

Winter haven fl

CITY-ST-ZIP

**FILED** NONPROFIT May 20 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name N13652 (5) SEMINOLE CLUB OF POLK COUNTY, INC. Principal Place of Business Mailing Address MAMES R MEYER **MJAMES R MEYER** 3. Date Incorporated or Qualified P O BOX 1071 P O BOX 1071 02/21/1986 BARTOW FL 33830 BARTOW FL 33830 4. FEI Number Applied For 59-2665019 Not Applicable 2. Principal Place of Business Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes 🔲 No Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MEYER, JAMES R. 82 Street Address (P.O. Box Number is Not Acceptable) 225 SOUTH CENTRAL AVENUE 83 BARTOW FL 33830 84 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE TITLE 1.1 TITLE Change Addition BORIS, ELLEN D. NAME 1.2 NAME 1205 E GEORGIA ST STREET ADDRESS 1.3 STREET ADDRESS **B**artow FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME **BENNETT, DEBBIE** 2.2 NAME 2417 AVENUE B S.W. #A STREET ADDRESS 2.3 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE BD 3.1 TITLE Change Addition ROBERTS, JOHN JR. NAME 3.2 NAME 2010 OVERLOOK DR. STREET ADDRESS 3.3 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition MCASHAN, VAUGHN NAME 4. 2 NAME **228 OVERLOOK DRIVE** STREET ADDRESS 4.3 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME MCGLAMORY, TOM 5.2 NAME **5950 IMPERIAL LAKES BLVD** STREET ADDRESS 5.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition KNITT, DON NAME 6.2 NAME 2014 BARDMOOR CIRCLE SE STREET ADDRESS 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 attactment with an address.

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