

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N13701

(0)

1. Corporation Name

ALAUCA COUNTRY CLUB, INC.

Principal Place of Business

3060 PLAYERS POINT
LONGWOOD FL 32779

Mailing Address

3060 PLAYERS POINT
LONGWOOD FL 32779



3. Date Incorporated or Qualified
03/05/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

59-2655397

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

A.G.C. CO.
200 S. ORANGE AVE.
#2300
ORLANDO FL 32801

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ABOFF, SHELDIN
STREET ADDRESS 2213 ALAUCA DR.
CITY-ST-ZIP LONGWOOD FL 32779

☒ DELETE

1.1 TITLE PD
1.2 NAME HARTMANN, MARTIN
1.3 STREET ADDRESS 2099 ACKOLA POINT
1.4 CITY-ST-ZIP LONGWOOD, FL 32779

☐ Change

☒ Addition

TITLE VD
NAME PLATT, DAVID
STREET ADDRESS 2363 ALAUCA DR.
CITY-ST-ZIP LONGWOOD FL 32779

☒ DELETE

2.1 TITLE VD
2.2 NAME WURL, DANIEL
2.3 STREET ADDRESS 2464 ALAUCA DRIVE
2.4 CITY-ST-ZIP LONGWOOD, FL 32779

☐ Change

☒ Addition

TITLE SD
NAME HITT, DAN
STREET ADDRESS 2020 ALAUCA DR.
CITY-ST-ZIP LONGWOOD FL 32779

☒ DELETE

3.1 TITLE SD
3.2 NAME CHANNING LARRY
3.3 STREET ADDRESS 1476 FARRINGTON CIRCLE
3.4 CITY-ST-ZIP HEATHROW, FL 32746

☐ Change

☒ Addition

TITLE T
NAME RATICK, CRAIG
STREET ADDRESS 3141 PENNA CT.
CITY-ST-ZIP LONGWOOD FL 32779

☒ DELETE

4.1 TITLE TD
4.2 NAME PLANTE, JERRY
4.3 STREET ADDRESS 3230 TALIA LOOP
4.4 CITY-ST-ZIP LONGWOOD, FL 32779

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 407-333-2582

Date

Daytime Phone #

CR2E037 (12/95)