

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20412 (5)

1. Corporation Name

THE HEATHER GOLF & COUNTRY CLUB, INC.

Principal Place of Business

7406 ST. ANDREWS BLVD.
BROOKSVILLE FL 34613

Mailing Address

7406 ST. ANDREWS BLVD.
BROOKSVILLE FL 34613

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

04/30/1987

3a. Date of Last Report

05/01/1994

4. FBI Number

59-2798377

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

Country

9. Name and Address of Current Registered Agent

LEWIN, RICHARD
7406 SAINT ANDREWS BLVD
BROOKSVILLE FL 34613

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 607.0502 and 607.1508, 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 607.0505, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
LEWIN, RICHARD
7598A SAINT ANDREWS BLVD
BROOKSVILLE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
HINSON, ELMORE
8464 DIPLENTON WAY
BROOKSVILLE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CAUCHON, BERNARD
9299 GENEVA ST
SPRING HILL FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
LAMB, STELLA
3302 LAMBERT ST
SPRING HILL FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
BUCK, FRED
7515 SHEPHERD AVE
SPRING HILL FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BEDNARSKI, BELEK
7595 DUNDEE WAY
BROOKSVILLE 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

Richard Lewin

TD
Bureau, Maurice
8146D Sturbridge Ct.
Brooksville, FL 34613

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 the attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Lewin

04/07/95

904-596-5344