

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # N20685 (6)

1. Corporation Name

20 MAY - 1 AM 9:05

THE DARTMOUTH CLUB OF CENTRAL FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
C/O JOSEPH D. ROBINSON IV
150 OXFORD RD., SUITE 140 P.O. BX 300224
FERN PARK FL 32730-9188
C/O JOSEPH D. ROBINSON IV
150 OXFORD RD., SUITE 140 P.O. BX 300224
FERN PARK FL 32730-9188

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/18/1987 3a. Date of Last Report 07/06/1994
4. FEI Number NOT APPLICABLE Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 29 Zip Country 30
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
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

ROBINSON, JOSEPH D., IV
150 OXFORD ROAD
FERN PARK FL 32730

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	HEINE, DAVID, L	12 NAME	Thaddeus Seymour, Jr.
STREET ADDRESS	570 IVANHOE PLAZA	13 STREET ADDRESS	352 Evansdale Road
CITY, ST, ZIP	ORLANDO FL	14 CITY, ST, ZIP	Lake Mary, FL 32746
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	KELLETT, LAEL	22 NAME	Diane Martin Court
STREET ADDRESS	528 S LONGVIEW PLACE	23 STREET ADDRESS	8792 Alegre Circle
CITY, ST, ZIP	LONGWOOD FL	24 CITY, ST, ZIP	Orlando, FL 32836
TITLE	SD	31 TITLE	SD ☒ Change ☐ Addition
NAME	BRUMBACK, CHARLES, T, JR	32 NAME	Michael R. Kerouac
STREET ADDRESS	1900 IVANHOE RD	33 STREET ADDRESS	2843 Spyglass Cove
CITY, ST, ZIP	ORLANDO FL	34 CITY, ST, ZIP	Longwood, FL 32779
TITLE	TD	41 TITLE	TD ☒ Change ☐ Addition
NAME	GRANGER, GORDON	42 NAME	John Scott
STREET ADDRESS	111 S LAKEMONT AVE #707	43 STREET ADDRESS	1790 Alabama Dr.
CITY, ST, ZIP	WINTER PARK FL	44 CITY, ST, ZIP	Winter Park, FL 32789
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, JOSEPH D., IV	52 NAME	
STREET ADDRESS	150 OXFORD RD., #140	53 STREET ADDRESS	
CITY, ST, ZIP	FERN PARK FL	54 CITY, ST, ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	DILG, G, ROBERTSON	62 NAME	
STREET ADDRESS	525 W YALE ST	63 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(2)(b), 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 owner or business empowered to execute this report as required by Chapter 117, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Joseph D. Robinson, IV

4-27-95

407-831-2211