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Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20685** (6)

1. Corporation Name

**THE DARTMOUTH CLUB OF CENTRAL FLORIDA, INC.**

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

3. Date Incorporated or Qualified

**05/18/1987**

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

25

29

30

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **SEYMOUR, THADDEUS J**  
STREET ADDRESS **352 EVANSDALE ROAD**  
CITY-ST-ZIP **LAKE MARY FL**

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **David Edson**  
1.3 STREET ADDRESS **2590 Modac Trail**  
1.4 CITY-ST-ZIP **Maitland, FL 32751**

TITLE **VD** ☒ DELETE

NAME **MARTIN-COURT, DIANE**  
STREET ADDRESS **8792 ALEGRE CIRCLE**  
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **VD** ☐ Change ☒ Addition

2.2 NAME **Diane Court**  
2.3 STREET ADDRESS **8792 Alegre Circle**  
2.4 CITY-ST-ZIP **Orlando, FL 32836**

TITLE **SD** ☒ DELETE

NAME **KEROUAC, MICHAEL R**  
STREET ADDRESS **2843 SPYGLASS COVE**  
CITY-ST-ZIP **LONGWOOD FL**

3.1 TITLE **SD** ☐ Change ☒ Addition

3.2 NAME **Thaddeus J. Seymour**  
3.3 STREET ADDRESS **352 Evansdale Road**  
3.4 CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE **TD** ☒ DELETE

NAME **SCOTT, JOHN**  
STREET ADDRESS **1790 ALABAMA DR**  
CITY-ST-ZIP **WINTER PARK FL**

4.1 TITLE **TD** ☐ Change ☒ Addition

4.2 NAME **David L. Heine**  
4.3 STREET ADDRESS **570 Ivanhoe Plaza**  
4.4 CITY-ST-ZIP **Orlando, FL 32804**

TITLE **D** ☐ DELETE

NAME **ROBINSON, JOSEPH D., IV**  
STREET ADDRESS **150 OXFORD RD., #140**  
CITY-ST-ZIP **FERN PARK FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE

NAME **DILG, G. ROBERTSON**  
STREET ADDRESS **525 W YALE ST**  
CITY-ST-ZIP **ORLANDO FL**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
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 attachment with an address.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSEPH D. ROBINSON, IV, MARCH 18, 1998 (407) 831-2211**

CR2E037 (10/97)