SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jul 03 1996 8:00 am
Secretary of State

DOCUMENT # **N27454** **(0)**

1. Corporation Name
THE FOREST COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
6100 CLUB BLVD., S.W. FT. MYERS FL 33908-4340	6100 CLUB BLVD., S.W. FT. MYERS FL 33908-4340

3. Date Incorporated or Qualified: **07/15/1988**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **65-0066096** ☐ 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

~~SWOR, DAVID W~~
6100 CLUB BOULEVARD SW
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name: CHRIS BRUHNKE
82 Street Address (P.O. Box Number is Not Acceptable): 6100 CLUB BOULEVARD SW
83:
84 City: FORT MYERS **FL** 85 Zip Code: 33908

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: Chris Bruhnke — CONTROLLER — 6/27/96
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	~~D~~	☒ DELETE	1.1 TITLE	V/D	☐ Change ☒ Addition
NAME	~~SWOR, DAVID~~		1.2 NAME	FELITTO, JR., RAYMOND N.	
STREET ADDRESS	~~16621 BOBCAT CT SW~~		1.3 STREET ADDRESS	16680 BOBCATY CT	
CITY-ST-ZIP	~~FT MYERS FL~~		1.4 CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	~~P~~	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	WELLS, WAYNE		2.2 NAME	WELLS, WAYNE	
STREET ADDRESS	16181 FAIRWAY WOODS, #1404		2.3 STREET ADDRESS	16181 FAIRWAY WOODS, #1404	
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	~~TD~~	☒ DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	~~DE BRUIN, A. JAMES~~		3.2 NAME	MACLEAN, SHARON	
STREET ADDRESS	~~16478 TIMBERLAKES DR, STE 202~~		3.3 STREET ADDRESS	6102 DEER RUN	
CITY-ST-ZIP	~~FT MYERS FL~~		3.4 CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	SD	☐ DELETE	4.1 TITLE	~~P~~/D	☒ Change ☐ Addition
NAME	DWYER, JAMES		4.2 NAME	DWYER, JAMES	
STREET ADDRESS	16664 BOB CAT COURT		4.3 STREET ADDRESS	16664 BOBCAT COURT	
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP	FT MYERS, FL	
TITLE	~~VD~~	☐ DELETE	5.1 TITLE	T/D	☒ Change ☐ Addition
NAME	DAHLGREN, CLARKE P		5.2 NAME	DAHLGREN, CLARKE P	
STREET ADDRESS	16980 TIMBERLAKES DRIVE SW		5.3 STREET ADDRESS	16980 TIMBERLAKES DRIVE SW	
CITY-ST-ZIP	FORT MYERS FL		5.4 CITY-ST-ZIP	FORT MYERS, FL	
TITLE	~~D~~	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	~~CUNNINGHAM, WILLIAM R~~		6.2 NAME	REICHLE, JR., RICHARD G.	
STREET ADDRESS	~~16647 WATERS EDGE CT~~		6.3 STREET ADDRESS	16725 PANTHER PAW CT	
CITY-ST-ZIP	~~FT MYERS FL 33908~~		6.4 CITY-ST-ZIP	FT MYERS, FL 33908	

CR2E037 (3/96)

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: James A. Dwyer — 6/27/96 — (941) 482-8375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAMES A. DWYER

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