

**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 # **N30550** (0)  
1. Corporation Name  
**SEVEN SPRINGS GOLF AND COUNTRY CLUB, INC.**



Principal Place of Business: **3535 TROPHY BLVD NEW PORT RICHEY FL 34655-1965**  
Mailing Address: **3535 TROPHY BLVD NEW PORT RICHEY FL 34655-1965**

3. Date Incorporated or Qualified: **02/07/1989**  
3a. Date of Last Report: **04/28/1995**

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

4. FEI Number: **59-2939413**  
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  
**TANKEL, ROBERT L.  
1150 CLEVELAND STREET  
SUITE 420  
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MEURN, CARL</b>	1.2 NAME	<b>CHARLES STEVENS</b>
STREET ADDRESS	<b>9223 GOLF VIEW DR</b>	1.3 STREET ADDRESS	<b>9141 BASSETT LN.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	1.4 CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34655</b>
TITLE	<b>VDC</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TORRE, JEROME</b>	2.2 NAME	
STREET ADDRESS	<b>9208 TURNBERRY CT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MAPES, THOMAS</b>	3.2 NAME	<b>DR. ROBERT WEBB</b>
STREET ADDRESS	<b>9151 TURNBERRY CT</b>	3.3 STREET ADDRESS	<b>3337 LORI LN.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	3.4 CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34655</b>
TITLE	<b>SDC</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCDONALD, ARLENE</b>	4.2 NAME	<b>JEROME HANSHUE</b>
STREET ADDRESS	<b>3835 TROPHY BLVD.</b>	4.3 STREET ADDRESS	<b>3338 TEESIDE DR.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	4.4 CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34655</b>
TITLE	<b>DC</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRADNICK, GERA;D</b>	5.2 NAME	<b>ROBERT KUDIRKA</b>
STREET ADDRESS	<b>3205 LORI LANE</b>	5.3 STREET ADDRESS	<b>3441 LORI LN.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	5.4 CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34655</b>
TITLE	<b>DC</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GIBBONS, THOMAS</b>	6.2 NAME	<b>RON SMITH</b>
STREET ADDRESS	<b>9150 GOLF VIEW DR</b>	6.3 STREET ADDRESS	<b>3644 MUIRFIELD DR.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	6.4 CITY-ST-ZIP	<b>NEW PORT, RICHEY, FL 34655</b>

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 19.07(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, changed, or on an attachment with an address.

SIGNATURE: *Charles E. Stevens* 3-14-96 813-376-0936  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Printing Phone #

CR2E037 (12/95)