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Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N30550 (0)**  
1. Corporation Name  
**SEVEN SPRINGS GOLF AND COUNTRY CLUB, INC.**



Principal Place of Business <b>3535 TROPHY BLVD NEW PORT RICHEY FL 34855-1965</b>	Mailing Address <b>3535 TROPHY BLVD NEW PORT RICHEY FL 34855-1965</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/07/1989</b>	3a. Date of Last Report <b>04/03/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2939413</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>TANKEL, ROBERT L. 1150 CLEVELAND STREET SUITE 420 CLEARWATER FL 34615</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>

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 type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEVENS, CHARLES</b>	1.2 NAME	<b>CASEY LULCHESI</b>
STREET ADDRESS	<b>9141 BASSETT LN</b>	1.3 STREET ADDRESS	<b>9214 GOLFVIEW DR.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	1.4 CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34655</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TORRE, JEROME</b>	2.2 NAME	<b>SMITH, GEORGE</b>
STREET ADDRESS	<b>9208 TURNBERRY CT</b>	2.3 STREET ADDRESS	<b>3276 LORI LN.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	2.4 CITY-ST-ZIP	<b>NEW PORT RICHEY, FL. 34655</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>DT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WEBB, DR ROBERT</b>	3.2 NAME	<b>HANSHUE, JEROME</b>
STREET ADDRESS	<b>3337 LORI LN</b>	3.3 STREET ADDRESS	<b>3338 TEESIDE DR.</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>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCDONALD, ARLENE</b>	4.2 NAME	<b>PAULUS, MARK</b>
STREET ADDRESS	<b>3835 TROPHY BLVD.</b>	4.3 STREET ADDRESS	<b>9136 BASSETT LN.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	4.4 CITY-ST-ZIP	<b>NEW PORT RICHEY, FL. 34655</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUDIRKA, ROBERT</b>	5.2 NAME	<b>MCDONALD, ARLENE</b>
STREET ADDRESS	<b>3441 LORI LN</b>	5.3 STREET ADDRESS	<b>3835 TROPHY BLVD.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	5.4 CITY-ST-ZIP	<b>NEW PORT RICHEY, FL. 34655</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, RON</b>	6.2 NAME	<b>KUDIRKA, ROBERT</b>
STREET ADDRESS	<b>3644 MUIRFIELD DR</b>	6.3 STREET ADDRESS	<b>3441 LORI LN.</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 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, changed, or on an attachment with an address.

SIGNATURE: Charles C. Stevens 3-31-97 376-0936  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0088108

CR2E037 (9/96)