
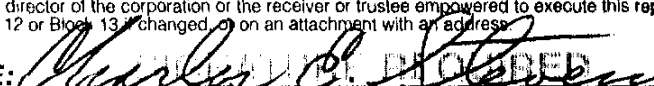


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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	
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		Zip 29	
Country 25		Country 30	
3. Date Incorporated or Qualified 02/07/1989			
3a. Date of Last Report 04/03/1996			
4. FEI Number 59-2939413			
Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. 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 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 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			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	STEVENS, CHARLES		
STREET ADDRESS	9141 BASSETT LN		
CITY-ST-ZIP	NEW PORT RICHEY FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	TORRE, JEROME		
STREET ADDRESS	9208 TURNBERRY CT		
CITY-ST-ZIP	NEW PORT RICHEY FL		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	
NAME	WEBB, DR ROBERT		
STREET ADDRESS	3337 LORI LN		
CITY-ST-ZIP	NEW PORT RICHEY FL		
TITLE	SDC	<input type="checkbox"/> DELETE	
NAME	MCDONALD, ARLENE		
STREET ADDRESS	3835 TROPHY BLVD.		
CITY-ST-ZIP	NEW PORT RICHEY FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	KUDIRKA, ROBERT		
STREET ADDRESS	3441 LORI LN		
CITY-ST-ZIP	NEW PORT RICHEY FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SMITH, RON		
STREET ADDRESS	3644 MUIRFIELD DR		
CITY-ST-ZIP	NEW PORT RICHEY FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	CASEY LULCHESI		
1.3 STREET ADDRESS	9214 GOLFVIEW DR.		
1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	SMITH, GEORGE		
2.3 STREET ADDRESS	3276 LORI LN.		
2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34655		
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	HANSHUE, JEROME		
3.3 STREET ADDRESS	3338 TEESIDE DR.		
3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34655		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME	PAULUS, MARK		
4.3 STREET ADDRESS	9136 BASSETT LN.		
4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34655		
5.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	MCDONALD, ARLENE		
5.3 STREET ADDRESS	3835 TROPHY BLVD.		
5.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34655		
6.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	KUDIRKA, ROBERT		
6.3 STREET ADDRESS	3441 LORI LN.		
6.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34655		
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:  3-31-97 376-0936 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0088106			

CR2E037 (9/96)