


**FILE NOW: FILING FEE IS \$61.25**

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98 JUN -5 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</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 34655-1965</b>	Mailing Address <b>3535 TROPHY BLVD NEW PORT RICHEY FL 34655-1965</b>
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3. Date Incorporated or Qualified  
**02/07/1989**

4. FEI Number  
**59-2839413**

Applied For	Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 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 # and Is Not Acceptable)	<b>4110 BAYVIEW BLVD #53584 - 0</b>
83	<b>-06/09/98-01113-002</b>
84 City	<b>*****70.00 *****70.00</b>
85 Zip Code	<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 checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEVENS, CHARLES</b>	1.2 NAME	<b>LIST ATTACHED</b>
STREET ADDRESS	<b>9141 BASSETT LN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input 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>DT</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANSHUE, JEROME</b>	3.2 NAME	
STREET ADDRESS	<b>8338 TESSIDE DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDONALD, ARLENE</b>	4.2 NAME	
STREET ADDRESS	<b>3835 TROPHY BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUDIRKA, ROBERT</b>	5.2 NAME	
STREET ADDRESS	<b>3441 LORI LN</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, RON</b>	6.2 NAME	
STREET ADDRESS	<b>3844 MUIRFIELD DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	6.4 CITY-ST-ZIP	

**8/6/98**

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 \_\_\_\_\_ DATE **6/2/98 (113) 21-0931**

CR2E037 (10/97)

**1998-1999 Board of Governors**

DP

Kudirka, Robert  
3441 Lori Lane  
New Port Richey, FL 34655

DV

Lucchesi, Casey  
9214 Golfview Dr.  
New Port Richey, FL 34655

DT

Norton, Roy  
3627 Downfield Pl  
New Port Richey, FL 34655

DS

McDonald, Arlene  
3835 Trophy Blvd.  
New Port Richey, FL 34655

D

Torre, Jerome  
9208 Turnberry Ct.  
New Port Richey, FL 34655

D

Paulus, Mark  
9136 Bassett Ln.  
New Port Richey, FL 34655

D

Watson, Loyall  
3351 Lori Lane  
New Port Richey, FL 34655

D

Joyce, Leonard  
9641 Greenskeeper Dr.  
New Port Richey, FL 34655

D

Gaffney, Thomas  
3543 Niblick Ct.  
New Port Richey, FL 34655