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**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90136 002 \*\*\*\*70.00

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N30550**

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/07/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2939413	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip Country		Zip Country			
24 25		29 30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~TANKEL, ROBERT L.~~  
 1150 CLEVELAND STREET  
 SUITE 420  
 CLEARWATER FL 34615

81 Name **Larry J. Gonzales, Esq.**  
 82 Street Address (P.O. Box Number is Not Acceptable) **2739 U.S. Hwy 19**  
 83 **Suite 223**  
 84 City **Holiday** FL 85 Zip Code **34691**

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]* DATE **3/29/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUDIRKA, ROBERT	1.2 NAME	<b>ATTACHED</b>
STREET ADDRESS	3441 LORI LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	1.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCCHESI, CASEY	2.2 NAME	
STREET ADDRESS	9214 GOLFVIEW DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	2.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, ROY	3.2 NAME	
STREET ADDRESS	3627 DOWNFIELD PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	3.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, ARLENE	4.2 NAME	
STREET ADDRESS	3835 TROPHY BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRE, JEROME	5.2 NAME	
STREET ADDRESS	9208 TURNBERRY CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULUS, MARK	6.2 NAME	
STREET ADDRESS	9136 BASSETT LN	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE **3-30-99** DAYTIME PHONE # **727-376-0936**

CR2E037-(11/98)

N30550

40141-90136-2

**1999-2000 Board of Governors**

DP

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

DV

Paulus, Mark  
9136 Bassett Ln.  
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

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

D

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

D

Cole, Barbara  
3410 Trophy Blvd.  
New Port Richey, FL 34655

D

Vernal, William  
9140 Turnberry Ct.  
New Port Richey, FL 34655