

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


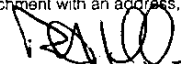
FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90313 027 ****70.00

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03102006 Chg-NP CR2E037 (11/05)

DOCUMENT # N30550							
1. Entity 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			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 59-2939413				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CIANFRONE PA, JOSEPH 1968 BAYSHORE BLVD DUNEDIN, FL 34698			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	DP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TURNER, RAYMOND		NAME	SUSAN WEWERS			
STREET ADDRESS	9150 GOLFVIEW DRIVE		STREET ADDRESS	9316 GOLFVIEW DR.			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	NEW PORT RICHEY, FL 34655			
TITLE	DVS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRADNICK, GERALD		NAME				
STREET ADDRESS	3205 LORI LANE		STREET ADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP				
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DORMAN, HAROLD		NAME	FRANK BAKER			
STREET ADDRESS	3215 LORI LANE		STREET ADDRESS	3229 TEESIDE DR.			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	NEW PORT RICHEY, FL 34655			
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUDIRKA, ROBERT		NAME				
STREET ADDRESS	3441 LORI LANE		STREET ADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KENNEDY, FRANK		NAME	BOB BENFORD			
STREET ADDRESS	9223 TURNBERRY CT		STREET ADDRESS	9550 MIDIRON CT			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	NEW PORT RICHEY, FL 34655			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GANLEY, JOE		NAME	JOHN MILNOR			
STREET ADDRESS	3633 TEESIDE DR		STREET ADDRESS	3452 TROPHY BLVD			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	NEW PORT RICHEY, FL 34655			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 		RICHARD A. KEFFER, CONTROLLER		3-10-06 727-376-0936			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			