

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90089 030 \*\*\*\*70.00

**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**

**60024920**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2939413**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CIAFRONE PA, JOSEPH  
1968 BAYSHORE BLVD  
DUNEDIN, FL 34698**

**7. Name and Address of New Registered Agent**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **DP** ☐ Delete  
NAME **TURNER, RAYMOND**  
STREET ADDRESS **9150 GOLFVIEW DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **DVS** ☒ Delete  
NAME **BRADNICK, GERALD**  
STREET ADDRESS **3205 LORI LANE**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **D** ☐ Delete  
NAME **BAKER, FRANK**  
STREET ADDRESS **3229 TEESIDE DR**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **DT** ☒ Delete  
NAME **KUDIRKA, ROBERT**  
STREET ADDRESS **3441 LORI LANE**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **D** ☒ Delete  
NAME **BENFORD, BOB**  
STREET ADDRESS **9550 MIDIRON CT**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **D** ☐ Delete  
NAME **MILNOR, JOHN**  
STREET ADDRESS **3452 TROPHY BLVD**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **DVS** ☐ Change ☒ Addition  
NAME **BARBARA COLE**  
STREET ADDRESS **3410 TROPHY BLVD**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **DT** ☐ Change ☒ Addition  
NAME **JOSEPH GANLEY**  
STREET ADDRESS **3633 TEESIDE DR**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **D** ☐ Change ☒ Addition  
NAME **ROBERT KUDIRKA**  
STREET ADDRESS **3441 LORI LANE**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **D** ☐ Change ☐ Addition  
NAME **JOHN ABBOTT**  
STREET ADDRESS **3654 ELK GROVE CT.**  
CITY-ST-ZIP **LAND O' LAKES, FL 34639**

TITLE **D** ☐ Change ☐ Addition  
NAME **DAVID BROWN**  
STREET ADDRESS **1252 STADLER DR.**  
CITY-ST-ZIP **TRINITY, FL 34655**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** Raymond A Turner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #