

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30550

FILED
Mar 31, 2009
Secretary of State

Entity Name: SEVEN SPRINGS GOLF AND COUNTRY CLUB, INC.

Current Principal Place of Business:

3535 TROPHY BLVD
NEW PORT RICHEY, FL 346551965

New Principal Place of Business:

Current Mailing Address:

3535 TROPHY BLVD
NEW PORT RICHEY, FL 346551965

New Mailing Address:

FEI Number: 59-2939413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CIANFRONE PA, JOSEPH
1968 BAYSHORE BLVD
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TURNER, RAYMOND
Address: 9150 GOLFOVIEW DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DT () Delete
Name: GANLEY, JOSEPH
Address: 3633 TEESIDE DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: BAKER, FRANK
Address: 3229 TEESIDE DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: ABBOTT, JOHN
Address: 3654 ELK GROVE CT.
City-St-Zip: LAND O LAKES, FL 34639

Title: DS () Delete
Name: COLE, BARBARA
Address: 3410 TROPHY BLVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: MILNOR, JOHN
Address: 3452 TROPHY BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVPS (X) Change () Addition
Name: COLE, BARBARA
Address: 3410 TROPHY BLVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D (X) Change () Addition
Name: HELMOLD, PAM
Address: 3953 TROPHY BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND TURNER

P

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date