

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 13, 1999 8:00 am**  
**Secretary of State**

03-13-1999 90002 001 \*\*\*361.25

0073613

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N43334**

1. Corporation Name

**LEESBURG PLANTATION GOLF CLUB, INC.**

Principal Place of Business

25201 US HIGHWAY 27 SOUTH  
LEESBURG FL 34748

Mailing Address

25201 US HIGHWAY 27 SOUTH  
LEESBURG FL 34748



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

05/06/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3131905

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THIELE, EARL H  
25201 HWY 27  
LEESBURG FL 32748

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP ☐ DELETE

NAME COBLE, ROBERT L.

STREET ADDRESS 25201 US HWY 27 SOUTH

CITY-ST-ZIP LEESBURG FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE DP ☐ DELETE

NAME THIELE, EARL H.

STREET ADDRESS 25201 US HWY 27 SOUTH

CITY-ST-ZIP LEESBURG FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE DT ☐ DELETE

NAME ROBERT, TONRY

STREET ADDRESS 25201 US HWY 27 SOUTH

CITY-ST-ZIP LEESBURG FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99 (352) 326-4170  
Date Daytime Phone #

CR2E037 (11/98)