

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48239

(0)

1. Corporation Name

GOLF HAMMOCK CLUB, INC.



Principal Place of Business

Mailing Address

**2222 GOLF HAMMOCK ROAD
SEBRING FL 33872
US**

**2222 GOLF HAMMOCK RD.
SEBRING FL 33872
US**

3. Date Incorporated or Qualified
04/06/1992

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3118983

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERRY, DALE E
4521 BUNKER DR
SEBRING FL 33872**

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 street address

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **INGALLS, JAMES E**
STREET ADDRESS **2803 PAR RD.**
CITY-ST-ZIP **SEBRING FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Robert Brown**
1.3 STREET ADDRESS **4505 Sandwedge Way**
1.4 CITY-ST-ZIP **Sebring FL 33872**

TITLE **VD** ☒ DELETE
NAME **MERZ, PAUL**
STREET ADDRESS **2324 COUNTRY CLUB RD.**
CITY-ST-ZIP **SEBRING FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **James Mitchell**
2.3 STREET ADDRESS **2606 Par Rd**
2.4 CITY-ST-ZIP **Sebring FL 33872**

TITLE **SD** ☒ DELETE
NAME **STANLEY, JOYCE**
STREET ADDRESS **4507 PITCHING WEDGE WAY**
CITY-ST-ZIP **SEBRING FL**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **James E INGALLS**
3.3 STREET ADDRESS **2803 PAR RD**
3.4 CITY-ST-ZIP **SEBRING FL 33872**

TITLE **TD** ☐ DELETE
NAME **PETRICK, CHUCK**
STREET ADDRESS **3600 DUFFER RD.**
CITY-ST-ZIP **SEBRING FL**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles D. Petrick
Charles D. Petrick

2/7/96

Date

941-385-5801

Daytime Phone #

CR2E037 (12/95)