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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N48239

1. Corporation Name

GOLF HAMMOCK CLUB, INC.

Principal Place of Business

2222 GOLF HAMMOCK ROAD
SEBRING FL 33872
US

Mailing Address

2222 GOLF HAMMOCK RD.
SEBRING FL 33872
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/06/1992

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

9. Name and Address of Current Registered Agent

BERRY, DALE E
4521 BUNKER DR
SEBRING FL 33872

10. Name and Address of New Registered Agent

81 Name JOHN LENGYEL PRES
82 Street Address (P.O. Box Number is Not Acceptable)
83 2222 GOLF HAMMOCK DR
84 City SEBRING FL 85 Zip Code 33872

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 *John Lengyel*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LENGYEL, JOHN
STREET ADDRESS 4321 DUFFER LOOP
CITY-ST-ZIP SEBRING FL

TITLE VD
NAME MITCHELL, JIM
STREET ADDRESS 2606 PAR RD
CITY-ST-ZIP SEBRING FL 33872

TITLE SD
NAME PELENG, BARBARA
STREET ADDRESS 1813 MULLIGAN RD
CITY-ST-ZIP SEBRING FL

TITLE TD
NAME BROWN, ROBERT
STREET ADDRESS 4505 SAND WEDGE WAY
CITY-ST-ZIP SEBRING FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VD
2.2 NAME GEUTHER, HERBERT C.
2.3 STREET ADDRESS 3800 CORMORANT PT. DR.
2.4 CITY-ST-ZIP SEBRING, FL 33872

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: *Robert Brown* DATE: 2/2/99 DAYTIME PHONE: 941-382-2151

CR2E037 (11/98)