NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT #	N94000004829
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1. Corporation Name

SANDHILL HUNT CLUB, INC.

Principal Place of Business
602 S. JEFFERSON STREET
RTE 2 BOX 260-E
PERRY FL 32347

Mailing Address P.O BOX 1405 PERRY FL 32348

FILED Mar 05, 1999 8:00 am g Secretary of State 03-05-1999 90018 039 ****61.25

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US									1	
 <u>`</u>	ace of Business Foxhunter Grade	2a. Mailing Address	¬ ~ ~			3. Date Incorporated or Qualifed 09/26/1994				
Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For				
22	,	27	•			59-3271052		No	t Applicable	
City & State		City & State	City & State			5. Certificate of Status Desired Fee Required				
23 Perry Zip	, Florida Country	Zip	Zip Country							
	25 USA	29 30	_	,		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
24 32347	9. Name and Address of Current i	120	<u>'</u>			10. Name and Address of New Registered Agent				
	or Hallo and Addition of Cartesia		8	1 Name				,		
B1 L1145 14	MEO V ID					ner Jeff				
	AMES V JR		8			(P.O. Box Number is Not Accepta	DIE)			
	FERSON STREET		8	3 1081	U_FOX	khunter Grade				
PERRY FL	32347		- 1	"						
	i .		8	4 City	-		FL	85 Zip (
				Per	rry,	Florida		323		
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508, Florida Statutes, f Florida. Such change was autb	the abo orized b	ve-named v the corp	corpora oration's	ition submits this statement for the board of directors. I hereby accep	t the appoin	itment as re	gistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florida	Statut	s.	1.					
SIGNATURE	Jeff Asher, Treasur	er	4v41	114	eper		2-99			
	Signature, typed or printed name of registered agent a			ent signature i	required wh	nen reinstating) ADDITIONS/CHANGES TO OF	DATE	DIDECTO	DS IN 12	
12.	OFFICERS AND		13.		1_	ADDITIONS/CHANGES TO OF	FICERS AIN	Change	Addition	
TITLE	D	₹ DELETE	1.1 TITLE		D			□ cuende	-EJ Addition	
NAME	THOMPSON, BEVERLY		1.2 NAM	E	1	res, Chuck		•		
STREET ADDRESS	RTE 2, BOX 107-C N/A		1.3 STR	ET ADORESS	P.O. Box 560 N/A					
CITY-ST-ZIP	PERRY FL 32347		1.4 CITY	-ST-ZIP	Peri	ry, Florida 32348			FT 4 1 89	
TITLE	DP	☐ DELETE	2.1 TTL					☐ Change	Addition	
NAME	DIXON, JOHN L		2.2 NAM	2.2 NAME			·		.	
STREET ADDRESS	SS 2920 JODY MORGAN ROAD 23		2.3 STRI	STREET ADDRESS				ļ		
CITY-ST-ZIP	PERRY FL 32347 2.		2. 4 CITY	-ST-ZIP	<u>'</u>			- '		
TITLE	DT	☐ DELETE	3.1 TITL					Change	☐ Addition	
NAME	ASHER, JEFF		3.2 NAM	E						
STREET ADDRESS	1680 FOXHUNTER GR		3.3 STR	ET ADDRESS				•		
CITY-ST-ZIP	PERRY FL 32348		3.4. CITY	-ST-ZIP	E			<u> </u>		
TITLE	DVP	☐ DELETE	4.1 TITLE					Change	Addition	
NAME	MOCK, ASHLEY		4. 2 NAN	E					1	
STREET ADDRESS	PO BOX 7540 N/A		4.3 STRI	ET ADDRESS	:[-	
CITY-ST-ZIP	PERRY FL 32348		4.4 CITY	-ST-ZIP						
TITLE	D	☐ DELETÉ	5.1 TITL	:				Change	☐ Addition	
NAME	KENNEDY, KEN		5.2 NAM	E		•				
STREET ADDRESS	PO BOX 463 N/A		5.3 STR	ET ADDRESS	;		•		-	
CITY-ST-ZIP	STEINHATCHEE FL 32359		5.4 CITY	·ST-ZIP					1	
TITLE	D	☐ DELETE	6.1 TITL		D			: Change	Addition	
NAME	DRAWDY, BEN SR		6.2 NAM	E	Draw	vdy, Ben Sr.			Ì	
	P.O BOX 44 N/A				1	Box 44 N/A			Ì	
STREET ADDRESS	F.U DUA 44 IN/A		0.00110			DOA TT N/A	00050			

PERRY FL

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. CITY-ST-ZIP PERRY FL

SIGNATURE:

REQUIRECASher, Treasurer

(850) 578-- 2000

2-22-99