FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N95000001844 (8) DOCUMENT

LAKE COUNTY SENIOR GOLF CORPORATION

| | | Mailing Address | | | | | |
|--|---|---|--------------------------------|---|-----------------------------|--------------------------|-------------|
| Principal Place of Busin | | 204 SO HIGHWAY 27 | ' | | | | |
| 204 39- HIGHWAY 27 | | CLERMONT FL 34741 | | Date Incorporated or Qualified | ì | te of Last Repor | " |
| CLERMONT FL 34711 | | | | 04/13/1995 | | N/A | |
| | | | | 4 SELNumber | • | Applie | |
| | | 2a. Mailing Address | (3 3 | 59-3198258 | | | pplicable |
| n Dripping Place of Business 125126 Betton 1 | | | Hill | | | \$8.75 Add | ditional |
| 21 25126 Be | tton Hill | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | Fee Requ | |
| Suite, Apt. #, etc. | | 27 | | 6. Election Campaign Financing | | \$5.00 M Added to | lay Be |
| 22 | | | | | | | |
| City & State | -1-wida | City & State Leesburg, F1 | oriua | | intangible t | ax under s. 195 Tiblo | 3.002, |
| 23 Leesburg, FIOTIGE Zio | | | Country U.S. | 8. This corporation has liability I Yes X No Florida Statutes 10. Name and Address of New Registered Agent | | | |
| Zip | ├── 11 C | 29 34748 30 | | 10. Name and Address of New | Hagistered | | |
| 24 34748 | Name and Address of Current | Registered Agent | 81 Name | arry R. Clark | | | |
| | | | | ess (P.O. Box Number is Not Acceptable) | | | |
| 82 Street | | | | ress (P.O. Box Number is Not 1111) 5126 Betton Hill | | | |
| WILLIAMS, GLENN | | | | | | | |
| 204 SO HIGHWAY 27 | | | 83 | | | | Code 748 |
| CLERMONT FL 33741 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the a or registered agent, or both, in the State of Florida. Such change was authorized by the or registered agent, or both, in the State of Florida. Such change was authorized by the originary with and accept the obligations of, Section 617.0503, Florida Statutes. | | | | • • · · · · · · · · · · · · · · · · · · | | | |
| | | No. | a shave-named corp | oration submits this statement for the | purpose or c appointment | as registered a | igent. I am |
| · | acceptions of Sections 617.0502 | and 617.1508. Florida Statutes, til | the corporation's bo | pard of directors. Thereby assorption | | 190 | 16 |
| 11. Pursuant to the | e provisions of Sections of Floringent, or both, in the State of Floringent, or both, in the State of Floringent of Sections of Section of Sec | da. Such Change tion 617.0503, Florida Statutes. | Ilen | CKIMIC | Apri | 1 9,100 | |
| lattillat with | m 1 - mlr (| COULDIA THOUSE | TEL Signature reg | red when relatively | OFFICERS / | AND DIHECTOR | 70 1.4 16 |
| SIGNATURE H | arry R. Clark a ature, typed or printed name of registered agent | t and the if applicable | 13 | ADMICS | | Change | Addition . |
| _ | atura, typed or printed name or registrate AN | 11TITLE | P/D | | | •• | |
| 12. OFFICENS AND DIRECTE | | | 1.2 NAME | Charles Shadron | ance | | |
| TITLE P | Charles Shadro | n . | 13 STREET ADDRESS | 25627 Belle Alli | 1748 | | |
| NAME | accor Belle Al- | llance | 1.4 CITY - ST - ZIP | Leesburg, Fl. 34 | 1/40 | ☐ Change | X Addition |
| SHICETIADO | Leesburg, Fl. | 34748 | 2.1 TITLE | V/D | | | |
| 0111101 | V | | 2.2 NAME | in Tordan | | | |
| TITLE V | n- tack Jordan | | 23 STREET ADDRESS | 24485 Cedarilei | u v+- | ევ ∨ e | |
| NAME | ALLOE CARACTIC | ID DIIA | 2. 4 CITY-ST-ZIP | Ridge Manor, Fl | 335 | Change | Addition |
| STREET ADDRESS | Ridge Manor, F | 1. 33525 | 31 1/11.6 | c/m/D | | - | ** |
| CITY-ST-ZIP | 70 /m | | 3.2 NAME | lar o Clark | | | |
| TITLE S/T | Transur B Clark | | 3 3 STREET ADDRESS | 1 75176 BELLVU *** | 7-148 | | |
| NAME | ariae Retton i | 1774 | 34 CITY-ST-ZIP | Leesburg, Fl. | 7/40 | Change | Addition |
| STREET ADDRESS | Leesburg, Fl. | 14/40 | 4.1 TITLE | | | _ | |
| CITY-ST-ZIP | | DELETE | 4 2 NAME | 1 | | | |
| TITLE | | | 4.2 NAME 4.3 STREET ADDRESS | | | | |
| NAME | | | | ` \ | | Chang | e Additio |
| STREET ADDRESS | | | 4.4 CITY - ST - ZIP | 1 | | | - ب |
| CITY-ST-ZIP | | DELETE | 51 TITLE | } | | | |

©ITY-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 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 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 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 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 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 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 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 under the certific 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 under the certific 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 under the certific that the information indicated on this annual report is true and accurate and the certific that the information indicated on the certific that the information indicated in the certific that th Harry R. Clark

52 NAME

61 TITLE

62 NAME

5 3 STREET ADDRESS

63 STREET ADDRESS

54 CITY-ST-ZIP

TITLE

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

Change

☐ Addition