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FILED  
Feb 09 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N95000001844 (8)

1. Corporation Name

LAKE COUNTY SENIOR GOLF CORPORATION



Principal Place of Business

25126 BETTON HILL  
LEESBURG FL 34748  
US

Mailing Address

25126 BETTON HILL  
LEESBURG FL 34748  
US

3. Date Incorporated or Qualified

04/13/1995

4. FEI Number

59-3198258

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, HARRY R.  
25126 BETTON HILL  
LEESBURG FL 34748

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 PD  
NAME WILLIAMS, GLENN O  
STREET ADDRESS P.O. BOX 1152 N/A  
CITY-ST-ZIP MINNEOLA FL ☒ DELETE

1.1 TITLE PD  
1.2 NAME Edmund R. Bell  
1.3 STREET ADDRESS 17820 SE 106th Ct.  
1.4 CITY-ST-ZIP Summerfield, FL. 34491 ☒ Change ☐ Addition

TITLE VD  
NAME JORDAN, JACK  
STREET ADDRESS 34485 CEDARFIELD DRIVE  
CITY-ST-ZIP RIDGE MANOR FL ☒ DELETE

2.1 TITLE VD  
2.2 NAME William J. Thomas Jr.  
2.3 STREET ADDRESS 9601 SE 174th Loop  
2.4 CITY-ST-ZIP Summerfield, FL. 34491 ☒ Change ☐ Addition

TITLE STD  
NAME CLARK, HARRY R.  
STREET ADDRESS 25126 BETTON HILL  
CITY-ST-ZIP LEESBURG FL ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

*[Handwritten Signature]* Jan 31 1998 251 261-4250

CR2E037 (10/97)