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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002782 (9)**

1. Corporation Name

**THE FLORIDA CHAPTER OF THE NATIONAL GOLF COURSE
OWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**2801 KISSIMMEE BAY BLVD
KISSIMMEE FL 34744**

**101 TIMBERLACHEN CIRCLE P.O. Box
STE 202 951422
LAKE MARY FL 32746
32795-1422**

3. Date Incorporated or Qualified
06/07/1995

4. FEI Number
59-3475661

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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

**STINE, WILLIAM
2801 KISSIMMEE BAY BLVD
KISSIMMEE FL 34744**

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 *Michael W. Jamison*
Signature, typed or printed name of registered agent and title if applicable.

Michael W. Jamison
(NOTE: Registered Agent signature required when reinstating)

3/31/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD STINE, WILLIAM**
STREET ADDRESS **2801 KISSIMMEE BAY BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34744**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Jamison, Michael W.**
1.3 STREET ADDRESS **290 Waymont Ct. Suite 100**
1.4 CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE ☐ DELETE
NAME **VD FINCH, RAYMOND JR**
STREET ADDRESS **2100 EMERALD DUNES DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **STD CHRISTOVICH, GREGORY**
STREET ADDRESS **1000 SELVA MARINA DR**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Michael W. Jamison
Signature, typed or printed name of registered agent and title if applicable.

Michael W. Jamison
(NOTE: Registered Agent signature required when reinstating)

*407-330
5895*

CR2E037 (10/97)