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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90183 037 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N95000003317**

1. Corporation Name

**CITRUS COUNTY SEMINOLE CLUB, INC.**

Principal Place of Business

POST OFFICE BOX 3051  
 INVERNESS FL 34451-3051

Mailing Address

POST OFFICE BOX 3051  
 INVERNESS FL 34451-3051



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**07/10/1995**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-3331592**

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRICE, PHILLIP W**  
**753 N. CITRUS AVENUE**  
**CRYSTAL RIVER FL 34428**

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 **DP**  DELETE  
 NAME **ELEMENT, NATLIE** *Everett, Cecil*  
 STREET ADDRESS **808 LANARK CT.** *132 So. Sparrow Pt.*  
 CITY-ST-ZIP **INVERNESS FL 34463** *Inverness FL 34460*

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

TITLE **DVP**  DELETE  
 NAME **EVERETT, CECIL**  
 STREET ADDRESS **132 S. SPARROW PT.**  
 CITY-ST-ZIP **INVERNESS FL 34450**

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

TITLE **DT**  DELETE  
 NAME **CATE, CAROL A**  
 STREET ADDRESS **425 N. LOCHVIEW TERR.**  
 CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

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

TITLE **S**  DELETE  
 NAME **CLEARY, MICHELLE**  
 STREET ADDRESS **2785 N. PAGE AVE.**  
 CITY-ST-ZIP **HERNANDO FL 34442**

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 address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-11-99* (352) 795-9866

Date

Daytime Phone #

CR2E037 (11/98)