

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90142 018 ****61.25

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DOCUMENT # N97000002324

1. Corporation Name

TWINEAGLES GOLF & COUNTRY CLUB, INC.

Principal Place of Business

4099 TAMiami TRAIL, NORTH
SUITE 305
NAPLES FL 34103

Mailing Address

4099 TAMiami TRAIL, NORTH
SUITE 305
NAPLES FL 34103



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/24/1997

4. FEI Number

59-3456401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SCHECHTER, JOEL H E
CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name CLASP Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

3001 Tamiami Trail North

83 4th Floor

84 City NAPLES

FL

85 Zip Code 34103

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

Joel H. Cummings

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME COLOSIMO, JIM
STREET ADDRESS 4099 TAMiami TRAIL, NORTH, SUITE 305
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ DELETE

DT
NAME COLOSIMO, KAREN
STREET ADDRESS 4099 TAMiami TRAIL, NORTH, SUITE 305
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ DELETE

DV
NAME STORY, JOHN
STREET ADDRESS 4099 TAMiami TRAIL, NORTH, SUITE 305
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ DELETE

T
NAME O'DONNELL, JOHN
STREET ADDRESS 4099 TAMiami TRAIL NORTH SUITE #305
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE:

JOHN O'DONNELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (941) 3034
Date Daytime Phone #

CR2E037 (11/98)