FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 15 1998 8:00am

Secretary of State

Addition

☐ Addition

Change

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000003273 (6)

CHEVAL GOLF AND COUNTRY CLUB. INC.

Principal Place of Business Mailing Address 18645 AVENUE CAPRI 18645 AVENUE CAPRI 3. Date Incorporated or Qualified LUTZ FL 33549 **LUTZ FL 33549** 06/04/1997 Applied For Not Applicable 2. Principal Place of Business Mailing Address 4312 \$8.75 Additional 5. Certificate of Status Desired CHEVAL BUY Fee Required Suite, Apt. #, etc. Sulte, Apt. #, etc 6. Election Campaign Financing \$5.00 May Be П 27 Trust Fund Contribution Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes 28 This corporation owes or has paid the current year Intangible Yes 20 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Colling, Lee J esq. 82 Street Address (P.O. Box Number is Not Acceptable) **500 NORTH MAITLAND AVENUE** 83 SUITE 203 MAITLAND FL 32751 Zip Code 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change NAME BENDESKY, MARC 1 2 NAME STREET ADDRESS 4323 BEAU RIVAGE CIRCLE 1,3 STREET ADDRESS LUTZ FL 33549 CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE NAME DEAN, MIKE 22 NAME STREET ADDRESS **5202 AVENUE LACROSSE** 2.3 STREET ADDRESS CITY-ST-ZIP LUTZ FL 33549 2.4 CITY-ST-ZIP DELETE 31 TITLE Change Addition TITLE **ELLIOTT, ROBERT** S 2 NAME NAME **4302 BEAU RIVAGE CIRCLE** 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ FL 33549 3.4. CITY-ST-ZIP DELETE ☐ Addition 4.1 TITLE TITLE **GENTRY, RAND** 4 2 NAME NAME

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 export 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETÉ

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

18645 AVENUE CAPRI

5315 AVENAL DRIVE

MCGUINESS, DOUG

18801 RUE LOIRE

LUTZ FL 33549

LUTZ FL 33549

HAYES, ANDY

LUTZ FL 33549