


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 23 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N97000003686 (9)

1. Corporation Name

SOUTHEASTERN ANATOLIAN CLUB, INC.

Principal Place of Business

Mailing Address

11850 BRUIN DR  
NEW PORT RICHEY FL 34654

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NEW PORT RICHEY FL 34654

3. Date Incorporated or Qualified

06/26/1997

4. FEI Number

59-3507750

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 1686

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

24

25

29

33513

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

MR. HENRY J. BALLESTER

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

5430 C.R. 634 SOUTH

83

84 City

BUSHNELL

FL

85

Zip Code

33513

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 *Henry J. Ballester, Treasurer*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | PRESIDENT/DIRECTOR        | <input type="checkbox"/> DELETE |
| NAME           | BETTY HAYWARD             |                                 |
| STREET ADDRESS | 11850 BRUIN DR            |                                 |
| CITY-ST-ZIP    | NEW PORT RICHEY, FL 34654 |                                 |
| TITLE          | VICE-PRESIDENT/DIRECTOR   | <input type="checkbox"/> DELETE |
| NAME           | LINDA CURRAN              |                                 |
| STREET ADDRESS | RT. 2 BOX 830 "N/A"       |                                 |
| CITY-ST-ZIP    | HIGH SPRINGS, FL 32643    |                                 |
| TITLE          | SECRETARY/DIRECTOR        | <input type="checkbox"/> DELETE |
| NAME           | SALLY JAFFEE              |                                 |
| STREET ADDRESS | 2900 KINGFISHER WAY       |                                 |
| CITY-ST-ZIP    | MIMS, FL 32754            |                                 |
| TITLE          | TREASURER/DIRECTOR        | <input type="checkbox"/> DELETE |
| NAME           | HENRY J. BALLESTER        |                                 |
| STREET ADDRESS | 5430 C.R. 634 SOUTH       |                                 |
| CITY-ST-ZIP    | BUSHNELL, FL 33513        |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Henry J. Ballester* July 15, 1998 352-568-2557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

001137

CR2E037 (5/98)