

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000004358	
1. Entity Name CENTRAL LEVY FARMS HUNT CLUB, INC.	
Principal Place of Business 18150 N.W. 35TH STREET WILLISTON, FL 32696	Mailing Address PO BOX 608 WILLISTON, FL 32696



01152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2186794	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THOMAS, COLLEEN 18150 N.W. 35TH STREET WILLISTON, FL 32696
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ DATE _____

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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01/17/08-80080-018 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, COLLEEN B 18150 N.W. 35TH STREET WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, SHEILA 18150 N.W. 35TH STREET WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLT, PAIGE B 18150 N.W. 35TH STREET WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE: _____	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 1/16/08	Daytime Phone # 352-528-6844
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