FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(1)

FILED Jun 09 1998 8:00am Secretary of State

	NENTAL COUNTRY CLUB	REALTY, INC. Mailing Address			
50 CONTINENTAL BLVD 50 CONTINENTAL				į	
BOX 101 WILDWOOD FL 34785-6782		BOX 101 WILDWOOD FL 34785-6782		DO NOT WRITE IN THIS SPACE	
US		US US		3. Date Incorporated or Qualified	
				09/04/1987	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		75-2188155	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		7ip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
 Name and Address of Current 		rent Registered Agent		10. Name and Address of New Registers	d Agent
	vens, kenneth		81 Name		
114 ROBIN LN			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
WILDWOOD FL 34785			63		· · · · · · · · · · · · · · · · · · ·
•			63		
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 697.0502 and 607.1508. Florida Statutes, the above-na			tes, the above-named corr		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the uphystions of, Section 607.0505. Florida Statutes.					
SIGNATURE)	1 11000	Bout 9 Designation	
SIGNATURE	Signature: typical or painted numic of registered		11. Rugistered Agent's grature requi	ered when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	Owens, Kenneth	☐ DELETE	1.1 TITLE		Change Addition
NAME OTRES LODGEGO	114 ROBIN LN		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	WILDWOOD FL		1.3 STREET ADDRESS		
TITLE	D	DELETE	1.4 C(1Y - ST - Z(P)		Change Addition
NAME	LE NAHAN, DAVID	<u></u>	2.2 NAME		
STREET ADDRESS	27 SEMINOLE PATH		2.3 STREET ADORESS		
CITY-ST-ZIP	WILDWOOD FL		2 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	TSCHIDA, WILLIAM		3.2 NAME		
STREET ADDRESS	3401 CALGARY LN.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL 32757	Notes	3.4. CHY-ST-ZIP		0
TITLE	THOMPSON, BILL	DLLETE	4.1 TITLE	المراجعة المتعارض والمتعارض والمتعارض والمتعارض المتعارض والمتعارض	Change Addition
NAME Street address	2 ROBIN RD		4 2 NAME	5981629000 -06/11/98010070	데 (3) 40
CITY-ST-ZIP	WILDWOOD FL		4 3 STREET ADDRESS 4 4 CITY - ST - ZIP	-u5/11/36u1961u ***150.00	T-J
TITLE	Ū	DELETE	51 HILE	<u> ተቀቀች ግቦች የተጠ</u>	Change Addition
NAME	GIBSON, RAYMOND	_	5.2 NAME		10.
STREET ADDRESS	67 BIG OAR LN.		5.3 STREET ADDRESS		VIOLA
CITY-ST-ZIP	WILDWOOD FL		5 4 CITY-ST- ZIP		
TITLE	T	☐ DELETE	61 TITLE		Change Addition
NAME	WARE, MARVIN		6.2 NAME		
STREET ADDRESS	38 ROBIN RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD FL		6.4 CITY+ST+ZIP		

14. Thereby 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 cooperation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.