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FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000053625 (8)

1. Corporation Name

THE GOLFER'S CLUB OF ST. LUCIE COUNTY, INC.

Principal Place of Business

2817 PETERS RD
FT PIERCE FL 34945
US

Mailing Address

2815 PETERS RD
FT PIERCE FL 34945
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1993

4. FEI Number

65-0427627

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ERIKSSON, AUSTIN
1423 HOLLEMAN DR
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name

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

1113 Coral Cluster

83 2400 S. Ocean Dr.

84 City

Ft. Pierce

FL

85 Zip Code

34949-8015

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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 D ☐ DELETE

NAME ERIKSSON, AUSTIN
STREET ADDRESS 1423 HOLLEMAN DR
CITY-ST-ZIP VALRICO FL 33594

TITLE D/S/T ☐ DELETE

NAME Kristin Eriksson
STREET ADDRESS 1113 Coral Cluster, 2400 S. Ocean Dr
CITY-ST-ZIP Ft. Pierce, Fla. 34949-8015

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 1113 Coral Cluster, 2400 S. Ocean Dr.
1.4 CITY-ST-ZIP Ft. Pierce, Fla. 34949-8015

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D/S/T
2.3 STREET ADDRESS Kristin Eriksson
2.4 CITY-ST-ZIP 1113 Coral Cluster, 2400 S. Ocean Dr.
Ft. Pierce, Fla. 34949-8015

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

1-20-98

(361) 468 1007

CR2E034 (10/97)