

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAR 27 AM 10:19

**DOCUMENT # P93000077074 (1)**

1. Corporation Name

**LODGE ON THE GREEN, INC.**

Principal Place of Business

**1400 NW FEDERAL HWY  
STUART FL 34994**

Mailing Address

**1400 NW FEDERAL HWY  
STUART FL 34994**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/01/1993**

3a. Date of Last Report  
**05/01/1994**

4. FBI Number  
**65-0446398**

Applied For  
☐ Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Guid. Apt. #, etc.

Guid. Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRELLA, STEPHEN  
1962 NE FELICITA PL  
JENSEN BEACH FL 34957**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 of Registered Agent required when filing annual report)

(Signature of Registered Agent required when filing annual report)

(Signature of Registered Agent required when filing annual report)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                              |
|----------------|------------------------------|
| TITLE          | <b>D</b>                     |
| NAME           | <b>GRELLA, STEPHEN J</b>     |
| STREET ADDRESS | <b>1962 NE FELICITA PL</b>   |
| CITY, ST, ZIP  | <b>JENSEN BEACH FL 34957</b> |
| TITLE          | <b>D</b>                     |
| NAME           | <b>GRELLA, DIANNE F</b>      |
| STREET ADDRESS | <b>1962 NE FELICITA PL</b>   |
| CITY, ST, ZIP  | <b>JENSEN BEACH FL 34957</b> |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY, ST, ZIP  |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY, ST, ZIP  |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY, ST, ZIP  |                              |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

*Dianne F. Grella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dianne F. GRELLA V. Pres 407-692-3003**

FILE

CLERK OF COURT