

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

**FILED**  
**Feb 28 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000034530 (3)**

1. Corporation Name  
**SILVERTHORN COUNTRY CLUB, INC.**



Principal Place of Business  
**SCARBOROUGH DR AT SR #54  
 WESLEY CHAPEL FL 33543**

Mailing Address  
**P O BOX 7078  
 WESLEY CHAPEL FL 33543-7078  
 US**

3. Date Incorporated or Qualified <b>05/04/1994</b>	3a. Date of Last Report <b>01/26/1996</b>
4. FEI Number <b>59-3256112</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

**9. Name and Address of Current Registered Agent**

**STROHAUER, GARY N  
 918 DREW ST SUITE A  
 CLEARWATER FL 34615**

**10. Name and Address of New Registered Agent**

81 Name <b>Strohauer, Gary N.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>Citizens Bank Bldg. - Suite 300</b>
83 <b>1150 Cleveland Street</b>
84 City <b>Clearwater</b>
85 Zip Code <b>FL 34615</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BURCAW, FREDERICK M</b>	
STREET ADDRESS	<b>1487 STURBRIDGE COURT</b>	
CITY - ST - ZIP	<b>DUNCDIN FL</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>FELICE, DAVID M</b>	
STREET ADDRESS	<b>4258 GOLF CLUB LANE</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LYONS, EDWARD J</b>	
STREET ADDRESS	<b>1859 FOREST WOOD DR</b>	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	<b>DARLENE SUTTON</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>TREASURER</b>	
1.3 STREET ADDRESS	<b>SCARBOROUGH DRIVE &amp; STATE ROUTE 54</b>	
1.4 CITY - ST - ZIP	<b>LUTZ, FL 33549</b>	
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 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: **2/20/97** **813-973-7553**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)