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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90058 044 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000032586

1. Corporation Name

BLUE HERON GOLF & COUNTRY CLUB, INC.

Principal Place of Business

1925 S.E. 9TH AVE.
OKEECHOBEE FL 34974

Mailing Address

1925 S.E. 9TH AVE.
OKEECHOBEE FL 34974

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1997

4. FEI Number

65-0748108

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

☐

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

MCMaster, MARK
1925 SE 9TH AVENUE
OKEECHOBEE FL 34974-2525

10. Name and Address of New Registered Agent

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 typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/99

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MCMaster, MARK N
STREET ADDRESS 1020 S.E. 21ST ST.
CITY-ST-ZIP OKEECHOBEE FL 34974

☐ DELETE

TITLE DV
NAME MAGILL, RICHARD D
STREET ADDRESS 801 S.E. 14TH ST.
CITY-ST-ZIP OKEECHOBEE FL 34974

☐ DELETE

TITLE D
NAME MAGILL, DEBRA A
STREET ADDRESS 801 S.E. 14TH ST.
CITY-ST-ZIP OKEECHOBEE FL 34974

☐ DELETE

TITLE DST
NAME MCMaster, MELVIN N
STREET ADDRESS 980 S.E. 23RD ST.
CITY-ST-ZIP OKEECHOBEE FL 34974

☐ DELETE

TITLE D
NAME MCMaster, RUBY F
STREET ADDRESS 980 S.E. 23RD ST.
CITY-ST-ZIP OKEECHOBEE FL 34974

☐ DELETE

TITLE D
NAME MCMaster, JANE E
STREET ADDRESS 1020 S.E. 21ST ST.
CITY-ST-ZIP OKEECHOBEE FL 34974

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/99

(941) 467-2222

CR2E034 (11/98)