Current Mai	ling Address:			
3535 TROPH NEW PORT	HY BLVD RICHEY, FL 34655-1965			
FEI Number: 59-2939413		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
CIANFRONE, J 1968 BAYSHOF DUNEDIN, FL	RE BLVD			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
The above named	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Floric	la.
	l entity submits this statement for the purpose of changing its regis : JOSEPH CIANFRONE	tered office or regist		^{la.} 04/24/2019
		tered office or regis		
	Electronic Signature of Registered Agent	tered office or regist		04/24/2019
SIGNATURE	Electronic Signature of Registered Agent	tered office or regist		04/24/2019
SIGNATURE	JOSEPH CIANFRONE Electronic Signature of Registered Agent ctor Detail :			04/24/2019
SIGNATURE Officer/Direc Title	JOSEPH CIANFRONE Electronic Signature of Registered Agent Orden Detail : DIRECTOR, PRESIDENT	Title	DIRECTOR, VP	04/24/2019
SIGNATURE Officer/Direc Title Name	Electronic Signature of Registered Agent Ctor Detail : DIRECTOR, PRESIDENT ARMSTRONG, NEIL 3535 TROPHY BLVD	Title Name	DIRECTOR, VP KOWALSKI, JAMES	04/24/2019 Date
SIGNATURE Officer/Direc Title Name Address	Electronic Signature of Registered Agent Ctor Detail : DIRECTOR, PRESIDENT ARMSTRONG, NEIL 3535 TROPHY BLVD	Title Name Address	DIRECTOR, VP KOWALSKI, JAMES 3535 TROPHY BLVD	04/24/2019 Date
SIGNATURE Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : DIRECTOR, PRESIDENT ARMSTRONG, NEIL 3535 TROPHY BLVD NEW PORT RICHEY FL 34655-1965	Title Name Address City-State-Zip:	DIRECTOR, VP KOWALSKI, JAMES 3535 TROPHY BLVD NEW PORT RICHEY FL 34655-1	04/24/2019 Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NEIL ARMSTRONG

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

City-State-Zip: NEW PORT RICHEY FL 34655-1965

04/24/2019

Date

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30550

Entity Name: SEVEN SPRINGS GOLF AND COUNTRY CLUB, INC.

Current Principal Place of Business:

3535 TROPHY BLVD NEW PORT RICHEY, FL 34655-1965

C

City-State-Zip: NEW PORT RICHEY FL 34655-1965

FILED Apr 24, 2019 **Secretary of State** 7182365279CC