

2017 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**Current Mailing Address:**3535 TROPHY BLVD
NEW PORT RICHEY, FL 34655-1965**FEI Number: 59-2939413****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CIANFRONE PA, JOSEPH
1968 BAYSHORE BLVD
DUNEDIN, FL 34698 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name ARMSTRONG, NEIL
Address 9142 BASSETT LN
City-State-Zip: NEW PORT RICHEY FL 34655

Title DIRECTOR, SECRETARY
Name KIMMERLE, CAROL
Address 3616 DOWNFIELD PL
City-State-Zip: NEW PORT RICHEY FL 34655

Title DIRECTOR
Name STIBBE, ED
Address 9301 GOLF VIEW DR
City-State-Zip: NEW PORT RICHEY FL 34655

Title DIRECTOR
Name DIETRICH, BUD
Address 3315 LORI LN
City-State-Zip: NEW PORT RICHEY FL 34655

Title DIRECTOR, VP
Name KOWALSKI, JIM
Address 3631 MUIRFIELD CT
City-State-Zip: NEW PORT RICHEY FL 34655

Title DIRECTOR, TREASURER
Name TURNER, RAYMOND
Address 9150 GOLF VIEW DR
City-State-Zip: NEW PORT RICHEY FL 34655

Title DIRECTOR
Name BUHR, DON
Address 3423 TEESIDE DR
City-State-Zip: NEW PORT RICHEY FL 34655

Title DIRECTOR
Name MULL, DENNIS
Address 3219 LORI LN
City-State-Zip: NEW PORT RICHEY FL 34655

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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**PRESIDENT****03/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GRIFFITH, STEVE
Address	3453 NIBLICK CT
City-State-Zip:	NEW PORT RICHEY FL 34655