Current Mai	ling Address:			
3535 TROPH				
NEW PORT	RICHEY, FL 34655-1965			
FEI Number: 59-2939413		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
CIANFRONE, JO 1968 BAYSHOF DUNEDIN, FL	RE BLVD			
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 Florida.	
	entity submits this statement for the purpose of changing its regis : JOSEPH CIANFRONE	tered office or regis		27/2020
		tered office or regis	05/2	27/2020 Date
	Electronic Signature of Registered Agent	tered office or regist	05/2	
SIGNATURE	Electronic Signature of Registered Agent	tered office or regist	05/2	
SIGNATURE	JOSEPH CIANFRONE Electronic Signature of Registered Agent ctor Detail :		05/2	
SIGNATURE Officer/Direc Title	JOSEPH CIANFRONE Electronic Signature of Registered Agent Orden Detail : DIRECTOR, PRESIDENT	Title	05/2 DIRECTOR, VP	
SIGNATURE Officer/Direc Title Name	Electronic Signature of Registered Agent Ctor Detail : DIRECTOR, PRESIDENT ARMSTRONG, NEIL 3535 TROPHY BLVD	Title Name	05/2 DIRECTOR, VP KOWALSKI, JAMES	Date
SIGNATURE Officer/Direc Title Name Address	Electronic Signature of Registered Agent Ctor Detail : DIRECTOR, PRESIDENT ARMSTRONG, NEIL 3535 TROPHY BLVD	Title Name Address	05/2 DIRECTOR, VP KOWALSKI, JAMES 3535 TROPHY BLVD	Date
SIGNATURE Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent 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:	05/2 DIRECTOR, VP KOWALSKI, JAMES 3535 TROPHY BLVD NEW PORT RICHEY FL 34655-1965	Date

2020 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

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

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

05/27/2020 DIRECTOR, PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

FILED May 27, 2020 **Secretary of State** 9177136044CC

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