

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:** No

**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, VP  
Name KOWALSKI, JIM  
Address 3631 MUIRFIELD CT  
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, TREASURER  
Name TURNER, RAYMOND  
Address 9150 GOLF VIEW DR  
City-State-Zip: NEW PORT RICHEY FL 34655

Title DIRECTOR  
Name VLIEK, BRUCE  
Address 9108 BASSETT LN  
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 DIETRICH, BUD  
Address 3315 LORI LN  
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

**Continues on page 2**

*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

**PRES**

**03/21/2017**

\_\_\_\_\_  
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