

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30550

**FILED**  
**Mar 14, 2016**  
**Secretary of State**  
**CC7964372614**

**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 LITZEL, JACK  
Address 3637 TEESIDE DR  
City-State-Zip: NEW PORT RICHEY FL 34655

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

Title DIRECTOR, TREASURER  
Name DIETRICH, BUD  
Address 3315 LORI LANE  
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 HELMS, MARTY  
Address 3510 TEESIDE DR  
City-State-Zip: NEW PORT RICHEY FL 34655

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

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

Title DIRECTOR  
Name KIMMERLE, CAROL  
Address 3616 DOWNFIELD PL  
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:** JACK LITZEL

**PRES.**

**03/14/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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