

2016 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 LITZEL, JACK
Address 3637 TEESIDE 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 HELMS, MARTY
Address 3510 TEESIDE DR
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, VP, SECRETARY
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 KOWALSKI, JIM
Address 3631 MUIRFIELD CT
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

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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: 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