

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 178623

1. Corporation Name
CORAL RIDGE GOLF COURSE INC

Principal Place of Business
CORAL RIDGE GOLF COURSE INC
3801 BAYVIEW DRIVE
FT LAUDERDALE, FL 33308

Mailing Address
CORAL RIDGE GOLF COURSE INC
3801 BAYVIEW DRIVE
FT LAUDERDALE, FL 33308

2. Principal Place of Business
21 3801 BAYVIEW DRIVE
Suite, Apt. #, etc.
22
City & State
23 FT LAUDERDALE, FL
Zip
24 33308
Country
25 U S A

2a. Mailing Address
26 3801 BAYVIEW DRIVE
Suite, Apt. #, etc.
27
City & State
28 FT LAUDERDALE, FL
Zip
29 33308
Country
30 U S A

3. Date Incorporated or Qualified
5/6/54

3a. Date of Last Report
5/1/95

4. FEI Number
59-0718880
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MATTHEW S MCDONALD
3801 BAYVIEW DRIVE
FT LAUDERDALE, FL 33308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Matthew S McDonald*

(NOTE: Registered Agent signature required when registering)

5/24/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
JONES, R.T.
3801 BAYVIEW DRIVE
FT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
COOLAHAN, JOHN
3801 BAYVIEW DRIVE
FT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
JONES, R.L.
#10 BELLECLAIR PLACE
MONTCLAIR, NJ

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
JONES, R.T., JR
705 FOREST AVENUE
PALO ALTO, CA 94301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY-ST-ZIP

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY-ST-ZIP

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY-ST-ZIP

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY-ST-ZIP

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY-ST-ZIP

Change ☐ Addition ☐

Change ☒ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Matthew S McDonald* MATTHEW S MCDONALD

5/9/96

954-564-1271

CR2E034 (12/95)