

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 18 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 703538 (9)**

1. Corporation Name  
**HAVANA GOLF AND COUNTRY CLUB, INC.**



Principal Place of Business <b>COUNTRY CLUB DRIVE HAVANA FL 32333</b>	Mailing Address <b>COUNTRY CLUB DRIVE HAVANA FL 32333</b>
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3. Date Incorporated or Qualified <b>01/31/1962</b>		
4. FEI Number <b>59-0974985</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>N/A</b>	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**BATES, NOEL E.  
908 CIRCLE DRIVE  
HAVANA FL 32333**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Noel E. Bates* DATE: **2-13-98**

Signature of officer or principal name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATES, NOEL E.</b>	1.2 NAME	
STREET ADDRESS	<b>908 CIRCLE DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HAVANA FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPHENS, ALPHIA</b>	2.2 NAME	
STREET ADDRESS	<b>107 N.E. 7TH ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HAVANA FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MATHIS, SAM</b>	3.2 NAME	<b>MARY BERT</b>
STREET ADDRESS	<b>1949 CHARLAIS ST</b>	3.3 STREET ADDRESS	<b>RT 1 BOX 1860</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL 46</b>	3.4 CITY - ST - ZIP	<b>HAVANA, FL 32333</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BERT, MARY</b>	4.2 NAME	<b>JIMMY HUGHES</b>
STREET ADDRESS	<b>ROUTE 1, BOX 1860</b>	4.3 STREET ADDRESS	<b>RT 3, BOX 3806</b>
CITY - ST - ZIP	<b>HAVANA FL</b>	4.4 CITY - ST - ZIP	<b>HAVANA, FL 32333</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Noel E. Bates* DATE: **2-13-98 (850) 539-6767**

CR2E037 (10/97)