


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90082 026 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 703538**

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

Principal Place of Business COUNTRY CLUB DRIVE HAVANA FL 32333	Mailing Address COUNTRY CLUB DRIVE HAVANA FL 32333
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\* 9 5 5 6 8 . 5 0 0 8 2 . 2 6 \* \*

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Date Incorporated or Qualified 01/31/1962	24. FEI Number 59-0974985	25. Applied For Not Applicable
26. City & State HAVANA, FL	27. City & State HAVANA, FL	28. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	29. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	30. Country USA

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 FL
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, NOEL E.	1.2 NAME	
STREET ADDRESS	908 CIRCLE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD STEPHENS, ALPHIA	2.2 NAME	
STREET ADDRESS	107 N.E. 7TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD BERT, MARY	3.2 NAME	PD HUGHES, JIMMY
STREET ADDRESS	RT 1 BOX 1860	3.3 STREET ADDRESS	RT 3 BOX 3806
CITY-ST-ZIP	HAVANA FL 32333	3.4 CITY-ST-ZIP	HAVANA, FL 32333
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD HUGHES, JIMMY	4.2 NAME	VD MILLER, DAN
STREET ADDRESS	RT 3 OBX 3806	4.3 STREET ADDRESS	206 E. 6TH AVE.
CITY-ST-ZIP	HAVANA FL 32333	4.4 CITY-ST-ZIP	HAVANA, FL 32333
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, with all other like empowered.

SIGNATURE: NOEL E. BATES 1-9-99 850 539 6767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)