

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 18 PM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 732275 (3)**

1. Corporation Name  
**BENT PINE GOLF CLUB, INC.**

Principal Place of Business Mailing Address  
**6001 CLUB HOUSE DRIVE VERO BEACH FL 32967-4590**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/26/1975** 3a. Date of Last Report **04/06/1994**

4. FEI Number **51-0198590** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**COLLINS, GEORGE G JR.  
744 BEACHLAND BLVD.  
VERO BEACH FL 32984**

10. Name and Address of New Registered Agent  
81 Name **BOWMAN, ROBERT G.**  
82 Street Address (P.O. Box Number is Not Acceptable) **800 BEACH ROAD APT 169**  
83 *[Signature]*  
84 City **VERO BEACH FL** 85 Zip Code **32963**

11. Pursuant to the provisions of Sections 607.02 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **9-22-95**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>DALY, JOHN F</b>
STREET ADDRESS	<b>885 BEACH ROAD</b>
CITY - ST - ZIP	<b>VERO BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>VICTORY, JAMES T</b>
STREET ADDRESS	<b>290 LLYND'S LANE</b>
CITY - ST - ZIP	<b>VERO BEACH FL</b>
TITLE	<b>VP</b>
NAME	<b>BARR, JOSEPH</b>
STREET ADDRESS	<b>200 BERMUDA BAY LN</b>
CITY - ST - ZIP	<b>VERO BEACH FL</b>
TITLE	<b>DS</b>
NAME	<b>COLLINS, GEORGE G. JR.</b>
STREET ADDRESS	<b>1375 RIVER RIDGE RD.</b>
CITY - ST - ZIP	<b>VERO BEACH FL</b>
TITLE	<b>PD</b>
NAME	<b>IRWIN, ROBERT H.</b>
STREET ADDRESS	<b>650 BEACH ROAD</b>
CITY - ST - ZIP	<b>VERO BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>HARTZ, PAUL F</b>
STREET ADDRESS	<b>1000 REEF ROAD, APT 303</b>
CITY - ST - ZIP	<b>VERO BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>REBAR, DONALD M.</b>
1.3 STREET ADDRESS	<b>450 COCONUT PALM ROAD</b>
1.4 CITY - ST - ZIP	<b>VERO BEACH FL 32963</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>BARR, JOSEPH</b>
3.3 STREET ADDRESS	<b>200 BERMUDA BAY LANE</b>
3.4 CITY - ST - ZIP	<b>VERO BEACH FL 32963</b>
4.1 TITLE	<b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>BOWMAN, ROBERT G.</b>
4.3 STREET ADDRESS	<b>800 BEACH RD. #169 VERO BEACH, FL</b>
4.4 CITY - ST - ZIP	
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>IRWIN, ROBERT H.</b>
5.3 STREET ADDRESS	<b>650 BEACH ROAD VERO BEACH, FL 32963</b>
5.4 CITY - ST - ZIP	
6.1 TITLE	<b>DT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>WILLIAMS, ANDREW</b>
6.3 STREET ADDRESS	<b>176 OCEAN WAY</b>
6.4 CITY - ST - ZIP	<b>VERO BEACH, FL 32963</b>

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an immediate past filing with no address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **J. BARR** Date **9-22-95 (107) 6838** Original Filed