

FILE NOW: FILING FEE IS \$61.25

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Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755038** (7)

1. Corporation Name

**ZELLWOOD STATION GOLF ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
<b>MANES VERNON</b> <b>4336 BLACK OAK LANE</b> <b>ZELLWOOD FL 32798</b> <b>US</b>	<b>MANES VERNON</b> <b>4336 BLACK OAK LANE</b> <b>ZELLWOOD FL 32798-9705</b> <b>US</b>

3. Date Incorporated or Qualified <b>11/07/1980</b>	3a. Date of Last Report <b>02/07/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2996465</b>	Applied For <input type="checkbox"/> Not Applicable
21 <b>Sam Poteet</b> Suite, Apt. #, etc.	26 <b>Sam Poteet</b> Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22 <b>2151 S. Citrus Cir</b> City & State	27 <b>2151 S. Citrus Cir.</b> City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23 <b>Zellwood, Florida</b> Zip	28 <b>Zellwood, Florida</b> Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 <b>32798</b>	25 <b>USA</b>	29 <b>32798</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANES, VERNON R**  
**4336 BLACK OAK LANE**  
**ZELLWOOD FL 32798**

81 Name <b>Sam Poteet</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2151 S. Citrus Cir.</b>
83
84 City <b>Zellwood</b>
85 Zip Code <b>FL 32798</b>

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-20-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	<b>MANES, VERNON R</b>	1.2 NAME	<b>Sam Poteet</b>
STREET ADDRESS	<b>4336 BLACK OAK LANE</b>	1.3 STREET ADDRESS	<b>2151 S. Citrus Cir.</b>
CITY-ST-ZIP	<b>ZELLWOOD FL</b>	1.4 CITY-ST-ZIP	<b>Zellwood, Florida 32798</b>
TITLE	VD	2.1 TITLE	VD
NAME	<b>LAUZIER, RICCHARD M</b>	2.2 NAME	<b>Richard D. Carle</b>
STREET ADDRESS	<b>4158 GREENBLUFF CIRCLE</b>	2.3 STREET ADDRESS	<b>2134 Canopy Circle</b>
CITY-ST-ZIP	<b>ZELLWOOD FL</b>	2.4 CITY-ST-ZIP	<b>Zellwood, Florida 32798</b>
TITLE	SD	3.1 TITLE	SD
NAME	<b>SMITH, BETTY B</b>	3.2 NAME	<b>Penny Prescott</b>
STREET ADDRESS	<b>3413 GREENBLUFF RD</b>	3.3 STREET ADDRESS	<b>3416 Greenbluff Rd.</b>
CITY-ST-ZIP	<b>ZELLWOOD FL</b>	3.4 CITY-ST-ZIP	<b>Zellwood, Florida 32798</b>
TITLE	TD	4.1 TITLE	TD
NAME	<b>THOMSON, ROBERT</b>	4.2 NAME	<b>Mary Parker</b>
STREET ADDRESS	<b>3628 PARWAY ROAD</b>	4.3 STREET ADDRESS	<b>3866 Diamond Oak Way</b>
CITY-ST-ZIP	<b>ZELLWOOD FL</b>	4.4 CITY-ST-ZIP	<b>Zellwood, Florida 32798</b>
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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

**Sam Poteet**

**1-20-97**

CR2E037 (9/96)