

02241999-90032-011-\$61.25-\$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																									
DOCUMENT # 755038																																																																											
1. Corporation Name ZELLWOOD STATION GOLF ASSOCIATION, INC.																																																																											
Principal Place of Business WILSONFRED 2509 AMYRIS CT ZELLWOOD FL 32798 US		Mailing Address WILSONFRED 2509 AMYRIS CT ZELLWOOD FL 32798 US																																																																									
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3. Date Incorporated or Qualified 11/07/1980		4. FEI Number 59-2996465																																																																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees																																																																									
9. Name and Address of Current Registered Agent WILSON, FRED 2509 AMYRIS CT ZELLWOOD FL 32798		10. Name and Address of New Registered Agent 81 Name James DiBisio 82 Street Address (P.O. Box Number is Not Acceptable) 3963 Parway Rd 83 City Zellwood, FL 84 Zip Code 32798																																																																									
11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.																																																																											
SIGNATURE <i>James DiBisio</i>		DATE 3-20-99																																																																									
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																									
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Parker Jan 3, 1999
407-880-1803

APPROVED
MAR 22 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

014273

CR2E037 (11/98)