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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **K95493** (8)
1. Corporation Name
EAGLES GLEN GOLF, INCORPORATED



Principal Place of Business: **C/O WILLIAM C. WAGNER, 104 N. 17TH ST., FERNANDINA BCH. FL 32034 US**

Mailing Address: **C/O WILLIAM C. WAGNER, P. O. BOX 1676, FERNANDINA BCH. FL 32035-1676 US**

3. Date Incorporated or Qualified: **06/14/1989**

3a. Date of Last Report: **04/10/1996**

4. FEI Number: **65-0242720**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23): Suite, Apt #, etc.; City & State; Zip; Country

2a. Mailing Address (26-30): Suite, Apt #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent: **WAGNER, WILLIAM C., 104 N. 17TH ST., FERNANDINA BCH. FL 32034**

10. Name and Address of New Registered Agent (81-85): Name; Street Address; City; State (FL); Zip Code

11. Pursuant to the provisions of Sections 607.0502 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: *William C. Wagner* **WILLIAM C. WAGNER, PRES** DATE: **4-27-97**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WAGNER, WILLIAM C.	
STREET ADDRESS	104 N 17TH ST.	
CITY-ST-ZIP	FERNANDINA BCH. FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	PHILLIPS, KAY E.	
STREET ADDRESS	104 N. 17TH STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V.P. KEITH BEIN
3.3 STREET ADDRESS	3952 COLEBRIDGE PL
3.4 CITY-ST-ZIP	SARASOTA, FL 34241
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *William C. Wagner* **WILLIAM C. WAGNER, PRES** DATE: **4-27-97** (904) 201-9423

CR2E034 (9/96)