FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08038 (4)

1. Corporation Name
5TH HOLE CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3572 MUIRFIELD DR TITUSVILLE FL 32780 US	~~P. O. BOX 3979~~ ~~TITUSVILLE FL 32781~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1985
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2529433 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 1061 Cheney Highway
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Titusville, FL
24 Zip / 25 Country	29 Zip 32780-4356 / 30 Country USA

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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARPICO, JR. E 3572 MUIRFIELD DRIVE TITUSVILLE FL 32780	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE		☒ Change ☐ Addition
NAME	CARPICO, JR. E	1.2 NAME		
STREET ADDRESS	3572 MUIRFIELD DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL ⟶	1.4 CITY-ST-ZIP		3278-
TITLE	~~VCD~~	2.1 TITLE		☒ Change ☐ Addition
NAME	~~JACKSON, GEORGE P~~	2.2 NAME	Dale	
STREET ADDRESS	~~1195 HOLLOW PINE DR~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~OVIEDO FL~~ ⟶	2.4 CITY-ST-ZIP		~~illegible~~
TITLE	~~D~~ ⟶	3.1 TITLE		☒ Change ☐ Addition
NAME	~~SCHILKE, LAWRENCE E.~~	3.2 NAME	Dale	
STREET ADDRESS	~~1690 E FAIR PL~~	3.3 STREET ADDRESS	~~illegible~~	
CITY-ST-ZIP	~~LITTLETON CO~~ ⟶	3.4 CITY-ST-ZIP	~~illegible~~	~~illegible~~
TITLE		4.1 TITLE	VD	☐ Change ☒ Addition
NAME		4.2 NAME	Viola Sagany	
STREET ADDRESS		4.3 STREET ADDRESS	3558 Muirfield Court	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Titusville, FL 3278-	
TITLE		5.1 TITLE	SD	☐ Change ☒ Addition
NAME		5.2 NAME	Michele M Hines	
STREET ADDRESS		5.3 STREET ADDRESS	3562 Muirfield Court	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Titusville, FL 3278-	
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and 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: X Viola Sagany 4/26/1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

003443