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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N08038** **(4)**

1. Corporation Name

5TH HOLE CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3572 MUIRFIELD DR TITUSVILLE FL 32780 US	1061 CHENEY HWY TITUSVILLE FL 32780-6356 US

3. Date Incorporated or Qualified: 03/07/1985
3a. Date of Last Report: 03/04/1996

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

4. FEI Number: 59-2529433 ☐ 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

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

9. Name and Address of Current Registered Agent

CARPICO, JR. E
3572 MUIRFIELD DRIVE
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name: Conrad M. Jones, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 1061 Cheney Highway
83
84 City: Titusville FL 85 Zip Code: 32780-6356

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: Conrad M. Jones Jr. 4-25-97
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	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARPICO, JR. E		1.2 NAME		
STREET ADDRESS	3575 MUIRFIELD DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	SAGANY, VIOLA		2.2 NAME	SAGANY, VIOLA	
STREET ADDRESS	3558 MISRFIELD CT		2.3 STREET ADDRESS	3558 MUIRFIELD DRIVE	
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	SD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	HINES, MICHELE M		3.2 NAME	HINES, MICHELE M.	
STREET ADDRESS	3562 MUIRFIELD CT		3.3 STREET ADDRESS	790 D'ELMAR COURT	
CITY-ST-ZIP	TITUSVILLE FL		3.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE		☐ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME			4.2 NAME	CARRUTHERS, LOIS E.	
STREET ADDRESS			4.3 STREET ADDRESS	3572 MUIRFIELD DRIVE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: X Viola Sagany SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X April 29, 1997
Date

Daytime Phone # 0015066