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 -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N11328** **(4)**

1. Corporation Name
PALM-AIRE COUNTRY CLUB AT SARASOTA, INC.

Principal Place of Business	Mailing Address
5601 COUNTRY CLUB WAY SARASOTA FL 34243	5601 COUNTRY CLUB WAY SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/27/1985**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2662531** ☐ 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
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

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

9. Name and Address of Current Registered Agent

ABEL, BAND, RUSSELL, COLLIER, GORDON & PITCHFORD
240 S PINEAPPLE AVE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	PRESIDENT,D	☑ Change ☐ Addition
NAME	CARROLL, JOHN L	12 NAME	CARROLL, JOHN L.	
STREET ADDRESS	5601 COUNTRY CLUB WAY	13 STREET ADDRESS	5601 COUNTRY CLUB WAY	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	PD	21 TITLE	VICE PRESIDENT,D	☑ Change ☐ Addition
NAME	BARNES, JAY R	22 NAME	H. DAYLE BALLIETT	
STREET ADDRESS	5601 COUNTRY CLUB WAY	23 STREET ADDRESS	5601 COUNTRY CLUB WAY	
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	TD	31 TITLE	TREASURER ,D	☑ Change ☐ Addition
NAME	KENNEDY, ROBERT C.	32 NAME	KENNETH ROBINSON	
STREET ADDRESS	5601 COUNTRY CLUB WAY	33 STREET ADDRESS	5601 COUNTRY CLUB WAY	
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	WARDLOW, ELWOOD M (WOODY)	42 NAME		
STREET ADDRESS	5601 COUNTRY CLUB WAY	43 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: H. Dayle Balliett 4/20/95 (813)365-9733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083067