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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N26880 (7)
1. Corporation Name
ORANGE PARK COUNTRY CLUB OWNERS ASSOCIATION, INC

Principal Place of Business Mailing Address
2220 LOCH RANE BLVD. ORANGE PARK FL 32073 **2220 LOCH RANE BLVD. ORANGE PARK FL 32073**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/09/1988** 3a. Date of Last Report **04/11/1994**
4. FEI Number **59-2987832** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **2155 Loch Rane Blvd.** 26 **2155 Loch Rane Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
27
City & State City & State
23 **Orange Park, FL** 28 **Orange Park, FL**
24 **32073** Country **USA** 29 **32073** 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

~~-PESHKIN, JOHN R
-2220 LOCH RANE BLVD
-ORANGE PARK FL 32073.~~

81 Name **Keith E. Bass**
82 Street Address (P.O. Box Number is Not Acceptable) **2155 Loch Rane Blvd.**
83
84 City **Orange Park** FL 85 Zip Code **32073**

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]* **PD** **2.24.95**
(*) Signature, typed or printed name of registered agent and the # applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	O'STEEN, ROGER M.
NAME	7903 VINEYARD LAKE RD-N.
STREET ADDRESS	JACKSONVILLE FL
CITY - ST - ZIP	
TITLE VD	BAILLIO, BOBBY
NAME	2220 LOCH RANE BLVD
STREET ADDRESS	ORANGE PARK FL
CITY - ST - ZIP	
TITLE STD	MALONEY, KATHIE
NAME	2220 LOCH RANE BLVD.
STREET ADDRESS	ORANGE PARK FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Keith E. Bass	
1.3 STREET ADDRESS 2155 Loch Rane Blvd.	
1.4 CITY - ST - ZIP Orange Park, FL 32073	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Kevin Clark	
2.3 STREET ADDRESS 2155 Loch Rane Blvd.	
2.4 CITY - ST - ZIP Orange Park, FL 32073	
3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Kim Donaldson	
3.3 STREET ADDRESS 2155 Loch Rane Blvd.	
3.4 CITY - ST - ZIP Orange Park, FL 32073	
4.1 TITLE T-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Steve Bakan	
4.3 STREET ADDRESS 2155 Loch Rane Blvd.	
4.4 CITY - ST - ZIP Orange Park, FL 32073	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *[Signature]* **Keith E. Bass** **1/17/95** **904/363-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #