

FILE NOW: FILING FEE IS \$61.25

FILED
May 18, 1998 8:00 am
Secretary of State

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1998



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
2155 LOCH RANE BLVD **C/O TAYLOR WOODROW COMM**
ORANGE PARK FL 32073 **7120 S BENEVA RD**
US **SARASOTA FL 34238**
US

3. Date Incorporated or Qualified
06/09/1988

4. FEI Number Applied For
59-2987832 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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
CLAYTON, KATHRYN B
C.O TAYLOR WOODROW COMMUNITIES
7120 S. BENEVA RD
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name
PESHKIN, JOHN R.

82 Street Address (P.O. Box Number is Not Acceptable)
c/o TAYLOR WOODROW COMMUNITIES

83 **7120 South Beneva Road**

84 City **Sarasota** 85 Zip Code **FL 34238**

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SDX <input type="checkbox"/> DELETE
NAME	HULSBERG, VICKY
STREET ADDRESS	2155 LOCH RANE BLVD
CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE	VD <input type="checkbox"/> DELETE
NAME	MOORE, WAYNE
STREET ADDRESS	2155 LOCH RANE BLVD
CITY-ST-ZIP	ORANGE PARK FL
TITLE	XX <input type="checkbox"/> DELETE
NAME	BAKAN, STEVE
STREET ADDRESS	7120 S. BENEVA RD
CITY-ST-ZIP	SARASOTA FL 34238
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	WOODLAND, WAYNE
STREET ADDRESS	2155 LOCH RANE BLVD
CITY-ST-ZIP	ORANGE PARK FL
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	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CIRILLO, FRANK B.
5.3 STREET ADDRESS	2155 Loch Rane Blvd.
5.4 CITY-ST-ZIP	Orange Park, FL 32073
6.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BASS, KEITH E.
6.3 STREET ADDRESS	7120 South Beneva Road
6.4 CITY-ST-ZIP	Sarasota, FL 34238

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* **STEVE BAKAN** 4/24/98 941 927-0999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E037 (10/97)