FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation	ORD GOLF CLUB OWNERS					H OMBA BORN BORN BORN OFFI INCO
Principal Place of Business Malling Address						HE BEBAL BEBEL BABIK BIBH BEBEL KOBI
1552 PALM VIEW ROAD SARASOTA FL 34240		1552 PALM VIEW ROAD SARASOTA FL 34240		3. Date Incorporated or Qualified 12/12/1988 4. FEI Number	Applied For	
<u> </u>					65-0188722	Not Applicable
2. Principal P	Principal Place of Business 2a. Malling Address 26				5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing	\$5.00 May Be
27 City & State City & State				7. Is this nonprofit corporation a homeon	Added to Fees	
28 28				Z Yes No		
Zip 24	Country 25	Zip 29	Country	,	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible Yes No
<u> </u>	9. Name and Address of Current				10. Name and Address of New Register	
			81	Name		
STRODE, WILLIAM C			82	Street Add	fress (P.O. Box Number is Not Acceptable)	
720 SOUTH ORANGE AVENUE SARASOTA FL 34236			83			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida.			84	City		85 Zip Code
			'			-L
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO			ifed when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	re
TITLE	PD					☐ Change ☐ Addition
HAME	KAHN, MICHAEL A		1.2 NAME			
STREET ADDRESS	4091 BASSWOOD DRIVE SARASOTA FL 34232		1.3 STREET 1.4 CITY - 1	ADORESS		
CITY-ST-ZIP TITLE	SD DELETE		2.1 TITLE	51-ZIP		Change Addition
NAME	HENTZ, SUSAN		2.2 NAME			
STREET ADDRESS	2310 OAK ROAD ROAD			T ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34240 D	CASOTA PL 34240		ST-ZIP		Change Addition
NAME	TREXLER, JOHN T		3.1 TITLE 3.2 NAME	[
STREET ADDRESS	4431 W. ROBINHOOD TRAIL			ADDRESS		
CITY-S1-ZIP	SARASOTA FL 34232	☐ DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP		Change Addition
NAME		vt	4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		<u> </u>	4.4 CiTY - 5	ST- ZIP	· · · · · · · · · · · · · · · · · · ·	Obenes DAZEU
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	f		Change Addition
NAME STREET ADDRESS			1	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		DELETE	6.1 TITLE	- 1		Change Addition
NAME CTOSET ADDRESS			6.2 NAME			
STREET ADDRESS			6.3 STARE	ADDRESS		

14. Thereby 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.

FILED

May 11 1998 8:00am

Secretary of State

3596