

1-0040 0-7180
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FILED
Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38012 (3)
 1. Corporation Name
SEMINOLE GOLF CLUB, INC.



Principal Place of Business 901 SEMINOLE BLVD. N. PALM BEACH FL 33408 US	Mailing Address 901 SEMINOLE BLVD. N. PALM BEACH FL 33408 US
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3. Date Incorporated or Qualified
05/10/1990

4. FEI Number 59-0441130	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 901 Seminole Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 901 Seminole Blvd Suite, Apt. #, etc.
22 City & State 23 Juno Beach, FL	27 City & State 28 Juno Beach, FL
24 Zip 33408 25 Country US	29 Zip 33408 30 Country US

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

9. Name and Address of Current Registered Agent

ROGERS, DOYLE
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DT <input type="checkbox"/> DELETE
NAME	BLACK, WILLIAM H.
STREET ADDRESS	117 GOMEZ ROAD
CITY-ST-ZIP	HOBE SOUND FL
TITLE	DVP <input type="checkbox"/> DELETE
NAME	KIRKLAND, DAVID
STREET ADDRESS	390 N. LAKE WAY
CITY-ST-ZIP	PALM BEACH FL
TITLE	DVP <input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, F. MORGAN
STREET ADDRESS	215 S. BEACH ROAD
CITY-ST-ZIP	HOBE SOUND FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	ROGERS, DOYLE
STREET ADDRESS	321 ROYAL POINCIANA PLZ
CITY-ST-ZIP	PALM BEACH FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	VAN GERBIG, BAREND
STREET ADDRESS	75 EDINBURGH DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input 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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	DP
5.3 STREET ADDRESS	Van Gerbig, Barend
5.4 CITY-ST-ZIP	1129 Marine E., Bldg G Apt 2L North Palm Beach, FL 33408
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 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: *Sandra B. Mortham* **SIGNATURE REQUIRED** 1-21-98 561-626-1331

CR2E037 (10/97)