

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002783 (8)

1. Corporation Name
HOLE-IN-THE-WALL GOLF CLUB, INC.



Principal Place of Business
**3550 GOODLETTE ROAD NORTH
NAPLES FL 33941**

Mailing Address
**P.O. BOX 7217
NAPLES FL 33941**

3. Date Incorporated or Qualified **06/03/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-0818061	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

**WHITE, FRANK
3550 GOODLETTE ROAD NORTH
NAPLES FL 33941**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VDT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASTRYK, R.G.	1.2 NAME	Richard D. Vermillion
STREET ADDRESS	1285 GULF SHORE BLVD. N.	1.3 STREET ADDRESS	718 Spring Line Drive
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	VDT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLE, ARTHUR 111	2.2 NAME	PDT
STREET ADDRESS	2151 GULF SHORE BLVD. N.	2.3 STREET ADDRESS	Dole, Arthur III
CITY-ST-ZIP	NAPLES FL 33940	2.4 CITY-ST-ZIP	2151 Gulf Shore Blvd. N.
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Naples, FL 33940 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, WALTER C	3.2 NAME	
STREET ADDRESS	3125 LEEWARD LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	3.4 CITY-ST-ZIP	
TITLE	TDT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, FRANK F	4.2 NAME	
STREET ADDRESS	1144 GALLEON DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	4.4 CITY-ST-ZIP	
TITLE	ATDT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, WILLIAM J JR	5.2 NAME	
STREET ADDRESS	1777 GALLEON DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	5.4 CITY-ST-ZIP	
TITLE	SDT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURKEE, A. BRUCE	6.2 NAME	
STREET ADDRESS	1200 CHERRYSTONE CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	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 119.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard D. Vermillion

12/8/96

(941) 261-6481

CR2E037 (12/95)