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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34101-7217
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3. Date Incorporated or Qualified 06/03/1994 6/15/57	3a. Date of Last Report 02/15/1996
4. FEI Number 59-0818061	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. Zip	29. Zip
25. Country	30. Country

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 **34104**

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

12. OFFICERS AND DIRECTORS		
TITLE	VDT	<input checked="" type="checkbox"/> DELETE
NAME	VERMILLION, RICHARD D.	
STREET ADDRESS	718 SPRING LANE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VDT	<input checked="" type="checkbox"/> DELETE
NAME	DOLE, ARTHUR 111	
STREET ADDRESS	2151 GULF SHORE BLVD. N.	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	PDT	<input checked="" type="checkbox"/> DELETE
NAME	DOLE, ARTHUR III	
STREET ADDRESS	2151 GULF SHORE BLVD NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	TDT	<input type="checkbox"/> DELETE
NAME	WHITE, FRANK F	
STREET ADDRESS	1144 GALLEON DR.	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	ATDT	<input type="checkbox"/> DELETE
NAME	HARVEY, WILLIAM J JR	
STREET ADDRESS	1777 GALLEON DR.	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	SDT	<input checked="" type="checkbox"/> DELETE
NAME	DURKEE, A. BRUCE	
STREET ADDRESS	1200 CHERRYSTONE CT.	
CITY-ST-ZIP	NAPLES FL 33962	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	1ST VICE PRES./DIRECTOR/TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SWANSON, CHARLES	
1.3 STREET ADDRESS	1221 GULF SHORE BLVD N. #802	
1.4 CITY-ST-ZIP	NAPLES, FL 34102	
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	PRESIDENT/DIRECTOR/TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HARVEY, WILLIAM J. JR.	
5.3 STREET ADDRESS	1777 GALLEON DRIVE	
5.4 CITY-ST-ZIP	NAPLES, FL 34102	
6.1 TITLE	SECRETARY/DIRECTOR/TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KENNEDY, DONALD D. JR.	
6.3 STREET ADDRESS	6915 GREEN TREE DRIVE	
6.4 CITY-ST-ZIP	NAPLES, FL 34108	

14. I do 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.

CR2E037 (9/96)