


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P92000012794 (3)**

1. Corporation Name

**WINSTON TRAILS GOLF CLUB MANAGEMENT CORP.**



|   |                         |   |  |  |  |
|---|-------------------------|---|--|--|--|
| Principal Place of Business<br><b>8101 WINSTON TRAILS BLVD.<br/>STE 320<br/>LAKE WORTH FL 33467<br/>US</b>  |                         | Mailing Address<br><b>8000 IRONHORSE BLVD.<br/>STE 320<br/>WEST PALM BEACH FL 33412-2403<br/>US</b> |  | 3. Date Incorporated or Qualified<br><b>12/17/1992</b>                               | 3a. Date of Last Report<br><b>05/01/1996</b> |
| 2. Principal Place of Business  | 2a. Mailing Address     | 4. FEI Number<br><b>58-1860368</b>  |  | Applied For<br>Not Applicable  |  |
| 21. Suite, Apt. #, etc.   | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>  |  |
| 22. City & State  | 27. City & State        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                  |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| 23. Zip   | 28. Zip                 | 29. Country   |  | 30. Country  |  |
| 24. Zip   | 25. Country             | 29. Zip   |  | 30. Country  |  |
| 9. Name and Address of Current Registered Agent<br><b>O'BRIEN, JAMES J.<br/>8000 IRONHORSE BLVD.<br/><del>1604 BELVEDERE RD</del> <b>8000 Ironhorse Blvd</b><br/>WEST PALM BEACH FL 33412</b> |                         |   |  | 10. Name and Address of New Registered Agent   |  |
| 81. Name  |                         |   |  | 82. Street Address (P.O. Box Number is Not Acceptable)<br><b>8000 Ironhorse Blvd</b> |  |
| 83. City  |                         |   |  | 84. Zip Code<br><b>FL</b>  |  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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                      | <b>DP</b>                                       | 1.1 TITLE   | <b>President</b>                 |
| NAME                       | <b>MISS, JOSHUA A</b>                           | 1.2 NAME  | <b>James J. O'Brien</b>          |
| STREET ADDRESS             | <b>11781 LEE JACKSON MEMORIAL HWY SUITE 320</b> | 1.3 STREET ADDRESS                                    | <b>8000 Ironhorse Blvd.</b>      |
| CITY-ST-ZIP                | <b>FAIRFAX VA</b>                               | 1.4 CITY-ST-ZIP                                       | <b>West Palm Beach, FL 33412</b> |
| TITLE                      | <b>STD</b>                                      | 2.1 TITLE   | <b>Vice President</b>            |
| NAME                       | <b>DENNEN, MARVIN</b>                           | 2.2 NAME  | <b>Henry Judelson</b>            |
| STREET ADDRESS             | <b>11781 LEE JACKSON MEMORIAL HWY SUITE 320</b> | 2.3 STREET ADDRESS                                    | <b>8000 Ironhorse Blvd.</b>      |
| CITY-ST-ZIP                | <b>FAIRFAX VA</b>                               | 2.4 CITY-ST-ZIP                                       | <b>West Palm Beach, FL 33412</b> |
| TITLE                      | <input type="checkbox"/> DELETE                 | 3.1 TITLE   | <b>Secretary</b>                 |
| NAME                       |   | 3.2 NAME  | <b>Barbara Frazier</b>           |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    | <b>8000 Ironhorse Blvd.</b>      |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       | <b>West Palm Beach, FL 33412</b> |
| TITLE                      | <input type="checkbox"/> DELETE                 | 4.1 TITLE   |                                  |
| NAME                       |   | 4.2 NAME  |                                  |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |                                  |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |                                  |
| TITLE                      | <input type="checkbox"/> DELETE                 | 5.1 TITLE   |                                  |
| NAME                       |   | 5.2 NAME  |                                  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |                                  |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |                                  |
| TITLE                      | <input type="checkbox"/> DELETE                 | 6.1 TITLE   |                                  |
| NAME                       |   | 6.2 NAME  |                                  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |                                  |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |                                  |

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 607, 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

Date

Daytime Phone #

CR2E034 (9/96)