

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

FILED
Jun 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P950000 55743(5)

1. Corporation Name
ST. JOHNS YACHT AND TENNIS CLUB, INC.

Principal Place of Business <u>101 WYMORE ROAD</u> <u>SUITE 500</u> <u>ALTAMONTE SPRINGS, FL</u> <u>32714</u>	Mailing Address <u>101 WYMORE ROAD</u> <u>SUITE 500</u> <u>ALTAMONTE SPRINGS, FL</u> <u>32714</u>
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2. Principal Place of Business	2a. Mailing Address
21 <u>1101 N. LAKE DESTINY DR.</u>	26 <u>1101 N. LAKE DESTINY DR.</u>
22 <u>SUITE 400</u>	27 <u>SUITE 400</u>
23 <u>MAITLAND FL</u>	28 <u>MAITLAND FL</u>
24 <u>32751</u> 25 <u>ORANGE</u>	29 <u>32751</u> 30 <u>ORANGE</u>

3. Date Incorporated or Qualified <u>07/19/1995</u>	3a. Date of Last Report <u>01/08/1997</u>
4. FEI Number <u>59-3375534</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MAJZDOB, SAM
101 WYMORE ROAD
SUITE 500
ALTAMONTE SPRINGS, FL 32714

10. Name and Address of New Registered Agent

81 Name	<u>DELGUIDICE, FRED</u>
82 Street Address (P.O. Box Number is Not Acceptable)	<u>1101 N. LAKE DESTINY DRIVE</u>
83	<u>SUITE 400</u>
84 City	<u>MAITLAND FL</u>
85 Zip Code	<u>32751</u>

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: Fred Delguidice **FRED DELGUIDICE** 6-13-97
Signature typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<u>D DELGUIDICE, FRED</u>
STREET ADDRESS	<u>101 WYMORE ROAD, SUITE 500</u>
CITY-ST-ZIP	<u>ALTAMONTE SPRINGS, FL 32714</u>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<u>P/D MAJZDOB, SAM</u>
STREET ADDRESS	<u>101 WYMORE ROAD SUITE 500</u>
CITY-ST-ZIP	<u>ALTAMONTE SPRINGS FL 32714</u>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE	<u>D/P</u>
12 NAME	<u>DELGUIDICE, FRED</u>
13 STREET ADDRESS	<u>1101 N. LAKE DESTINY DRIVE SUITE 400</u>
14 CITY-ST-ZIP	<u>MAITLAND FL 32751</u>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<u>200002226742</u>
53 STREET ADDRESS	<u>-06/30/97--01120--030</u>
54 CITY-ST-ZIP	<u>***8.75</u>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<u>400002226744</u>
63 STREET ADDRESS	<u>-06/30/97--01120--031</u>
64 CITY-ST-ZIP	<u>***52.50</u>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Fred Delguidice **FRED DELGUIDICE** 6-13-97 407-660-8666
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)