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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE
		Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000066104 (6)

1. Corporation Name
DIVOT GOLF REALTY COMPANY

Principal Place of Business 3811 WEST SLIGH AVENUE TAMPA FL 33614	Mailing Address 3811 WEST SLIGH AVENUE TAMPA FL 33614-3901
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/06/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 P.O. Box 172067		4. FEI Number 59-339954/59-3399354		Applied For Not Applicable	
22 City & State		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 Tampa, Florida		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 33672		30 USA	
24 Zip		25 Country		29 33672		30 USA	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCHROEDER, VERNON T 3811 WEST SLIGH AVENUE TAMPA FL 33614		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 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President/Director/Agent
NAME	SCHROEDER, VERNON T	1.2 NAME	Kathleen S. Miller
STREET ADDRESS	3811 WEST SLIGH AVENUE	1.3 STREET ADDRESS	P.O. Box 172067
CITY-ST-ZIP	TAMPA FL 33614	1.4 CITY-ST-ZIP	Tampa, FL 33672
TITLE		2.1 TITLE	Director/Broker
NAME		2.2 NAME	John Douglas St. Clair
STREET ADDRESS		2.3 STREET ADDRESS	P.O. Box 192067
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tampa, FL 33672
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 _____

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To Whom it may concern;

I did not receive a first notice on the Corporate Annual Reports. If there are any questions please contact me @ 813 251 1441.

Thank you,
Ellee M. Knight