FILED FICE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 28 1998 8:00am ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT # S71412 CORPORATION NAME CREEKSIDE GOLF CLUB, INC. PENSACOLA, FL 32526-2202 Principal Place of Business 2355 W. MICHIGAN AVE PENSACOEK EL \$2526 2355 W. LUGHIGAN AVE. PENSACOLA FL 82526 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/30/1991 2. Principal Place of Business 4. FEI Number CREEKSIDE GOLF CLUB, INC. Applied For CREEKSIDE GOLF CLUB, INC. 59-3080860 Not Applicable 5555 ESPERANTO DRIVE 5555 ESPERANTO DRIVE \$8.75 Additional 5. Certificate of Status Desired PENSACOLA, FL 32526-2202 PENSACOLA, FL 32526-2202 Fee Required 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Zipi Country Country 8. This corporation owes or has paid the cultent year Intangible 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 terrier, pierre d. 1 Cour 2355 W. MICHIGAN AVE Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32526 84 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. ienc **SIGNATURE** (NO1E Registered Agent sign 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition **Terrier**, Pierre D. NAME 1.2 NAME 2355 W. MICHIGAN AVE. STREET ADDRESS 1.3 STREET ADDRESS **PENSACOLA FL** CITY-ST-ZIP 1.4 CITY - \$T - ZIP DELETE ☐ Change TITLE 2.1 TITLE Addition **BARBARA S WALKER** NAME 2.2 NAME **5225 CARMEL HEIGHTS DRIVE** STREET ADDRESS 2.3 STREET ADDRESS **PENSACOLA FL** CITY-ST-ZIF 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition

14. I 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 arrawal 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 fustoe 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 willpan address.

3.2 NAME

4.1 TITLE

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5.1 TITLE

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6.1 TITLE

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3.4. CITY-ST-ZIP

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