FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:07

DOCUMENT # 755038 (7)

1. Corporation Name
ZELLWOOD STATION GOLF ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PAUL W CLARK 3910 PARKWAY ROAD ZELLWOOD FL 32798	C/O PAUL W CLARK 3910 PARKWAY ROAD ZELLWOOD FL 32798

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2996465 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o Vern Manes	26 c/o Vern Manes
Suite, Apt. #, etc. 22 4336 Black Oak Lane	Suite, Apt. #, etc. 27 4336 Black Oak Lane
City & State 23 Zellwood FL	City & State 28 Zellwood FL
Zip / Country 24 32798 / 25 Orange	Zip / Country 29 32798 / 30 Orange

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BOGIE, ALBERT
4414 RED OAK LANE
ZELLWOOD FL 32798

10. Name and Address of New Registered Agent

81 Name: Dent Barbara
82 Street Address (P.O. Box Number is Not Acceptable)
83: 3409 N. Citrus Circle
84 City: Zellwood FL 85 Zip Code: 32798

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: Barbara D Dent — Barbara D Dent — 2-11-95
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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SNEAD, CHARLES T	1.2 NAME	Dent, Barbara	
STREET ADDRESS	2623 FIDDLEWOOD G	1.3 STREET ADDRESS	3409 N. Citrus Circle	
CITY-ST-ZIP	ZELLWOOD FL	1.4 CITY-ST-ZIP	Zellwood FL 32798	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	DENT, BARBARA	2.2 NAME	Manes, Vern	
STREET ADDRESS	3409 N CITRUS CIRCLE	2.3 STREET ADDRESS	4336 Black Oak Lane	
CITY-ST-ZIP	ZELLWOOD FL	2.4 CITY-ST-ZIP	Zellwood FL 32798	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	SMITH, BETTY B	3.2 NAME	Lee, Charlotte	
STREET ADDRESS	3413 GREENBLUFF ROAD	3.3 STREET ADDRESS	2548 Amyris Court	
CITY-ST-ZIP	ZELLWOOD FL	3.4 CITY-ST-ZIP	Zellwood FL 32798	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	SPERRICK, JOHN	4.2 NAME	Thomson, Robert	
STREET ADDRESS	3714 PARWAY RD.	4.3 STREET ADDRESS	3628 Parway Road	
CITY-ST-ZIP	ZELLWOOD FL 32798	4.4 CITY-ST-ZIP	Zellwood FL 32798	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and 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.

SIGNATURE: Robert Thomson — Robert Thomson — 2-11-95 — 407-880-8072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033230