

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 755038

(7)

1. Corporation Name

ZELLWOOD STATION GOLF ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O MANES, VERNON
4336 BLACK OAK LANE
ZELLWOOD FL 32798
US

C/O MANES, VERNON
4336 BLACK OAK LANE
ZELLWOOD FL 32798
US

3. Date Incorporated or Qualified
11/07/1980

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DENT, BARBARA
3409 N CITRUS CIRCLE
ZELLWOOD FL 32798

81 Name

Manes, Vernon R.

82 Street Address (P.O. Box Number is Not Acceptable)

4336 Black Oak Lane

83

84

City Zellwood

FL

85 Zip Code

32798

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Vernon R. Manes

1-30-96

(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
NAME DENT, BARBARA
STREET ADDRESS 3409 N CITRUS CIRCLE
CITY-ST-ZIP ZELLWOOD FL

☒ DELETE

1.1 TITLE PD
1.2 NAME Manes, Vernon R.
1.3 STREET ADDRESS 4336 Black Oak Lane
1.4 CITY-ST-ZIP Zellwood FL

☒ Change ☐ Addition

TITLE VD
NAME MANES, VERN
STREET ADDRESS 4336 BLACK OAK LANE
CITY-ST-ZIP ZELLWOOD FL

☒ DELETE

2.1 TITLE VD
2.2 NAME LAUZIER, Richard M.
2.3 STREET ADDRESS 4158 Greenbluff Circle
2.4 CITY-ST-ZIP Zellwood FL

☒ Change ☐ Addition

TITLE SD
NAME LEE, CHARLOTTE
STREET ADDRESS 2548 AMYRIS COURT
CITY-ST-ZIP ZELLWOOD FL

☒ DELETE

3.1 TITLE SD
3.2 NAME Smith, Betty B.
3.3 STREET ADDRESS 3413 Greenbluff Road
3.4 CITY-ST-ZIP Zellwood FL

☒ Change ☐ Addition

TITLE TD
NAME THOMSON, ROBERT
STREET ADDRESS 3628 PARWAY ROAD
CITY-ST-ZIP ZELLWOOD FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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:

Vernon R. Manes

Vernon R. Manes

1-30-96

407-886-8193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)