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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755038** (7)

1. Corporation Name

ZELLWOOD STATION GOLF ASSOCIATION, INC.



Principal Place of Business	Mailing Address
MANES VERNON 4336 BLACK OAK LANE ZELLWOOD FL 32798 US	MANES VERNON 4336 BLACK OAK LANE ZELLWOOD FL 32798-9705 US

3. Date Incorporated or Qualified 11/07/1980	3a. Date of Last Report 02/07/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2996465	Applied For ☐ Not Applicable
21 Sam Poteet Suite, Apt. #, etc. 22 2151 S. Citrus Cir City & State 23 Zellwood, Florida Zip Country 24 32798 25 USA	26 Sam Poteet Suite, Apt. #, etc. 27 2151 S. Citrus Cir. City & State 28 Zellwood, Florida Zip Country 29 32798 30 USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANES, VERNON R
4336 BLACK OAK LANE
ZELLWOOD FL 32798

81 Name Sam Poteet
82 Street Address (P.O. Box Number is Not Acceptable) 2151 S. Citrus Cir.
83
84 City Zellwood
85 Zip Code FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-97

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MANES, VERNON R	
STREET ADDRESS	4336 BLACK OAK LANE	
CITY-ST-ZIP	ZELLWOOD FL	
TITLE	VD	☐ DELETE
NAME	LAUZIER, RICCHARD M	
STREET ADDRESS	4158 GREENBLUFF CIRCLE	
CITY-ST-ZIP	ZELLWOOD FL	
TITLE	SD	☐ DELETE
NAME	SMITH, BETTY B	
STREET ADDRESS	3413 GREENBLUFF RD	
CITY-ST-ZIP	ZELLWOOD FL	
TITLE	TD	☐ DELETE
NAME	THOMSON, ROBERT	
STREET ADDRESS	3628 PARWAY ROAD	
CITY-ST-ZIP	ZELLWOOD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☐ Addition
1.2 NAME	Sam Poteet	
1.3 STREET ADDRESS	2151 S. Citrus Cir.	
1.4 CITY-ST-ZIP	Zellwood, Florida 32798	
2.1 TITLE	VD	☐ Change ☐ Addition
2.2 NAME	Richard D. Carle	
2.3 STREET ADDRESS	2134 Canopy Circle	
2.4 CITY-ST-ZIP	Zellwood, Florida 32798	
3.1 TITLE	SD	☐ Change ☐ Addition
3.2 NAME	Penny Prescott	
3.3 STREET ADDRESS	3416 Greenbluff Rd.	
3.4 CITY-ST-ZIP	Zellwood, Florida 32798	
4.1 TITLE	TD	☐ Change ☐ Addition
4.2 NAME	Mary Parker	
4.3 STREET ADDRESS	3866 Diamond Oak Way	
4.4 CITY-ST-ZIP	Zellwood, Florida 32798	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Sam Poteet

1-20-97

CR2E037 (9/96)