


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 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 # N24123 (4)
1. Corporation Name
INDIAN SPRING GOLF & TENNIS COUNTRY CLUB, INC.



Principal Place of Business 11501 INDIAN SPRING TRAIL BOYNTON BEACH FL 33437	Mailing Address 11501 EL CLAIR RANCH RD BOYNTON BEACH FL 33437-1445 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1987		3a. Date of Last Report 06/19/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0019825		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		30					

9. Name and Address of Current Registered Agent PETTER BARBUTO 11501 EL CLAIR RANCH RD BOYNTON BEACH FL 33437				10. Name and Address of New Registered Agent			
				81 Name James A Lawrence			
				82 Street Address (P.O. Box Number is Not Acceptable) 11501 El Clair Ranch Road			
				83			
				84 City Boynton Beach			
				FL 85 Zip Code 33437			

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 *James A Lawrence* Gen Mgr.
(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	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OHRENSTEIN, EUGENE			1.2 NAME	William P. Lubin		
STREET ADDRESS	11501 EL CLAR RANCH RD			1.3 STREET ADDRESS	11501 El Clair Ranch Road		
CITY-ST-ZIP	BOYNTON BEACH FL			1.4 CITY-ST-ZIP	Boynton Beach, FL 33437		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWIN GREINER			2.2 NAME	Edwin Greiner		
STREET ADDRESS	11501 EL CLAIR RANCH RD			2.3 STREET ADDRESS	11501 El Clair Ranch Road		
CITY-ST-ZIP	BOYNTON BEACH FL			2.4 CITY-ST-ZIP	Boynton Beach, FL 33437		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWMAN, HENRY			3.2 NAME	Norman A Fisher		
STREET ADDRESS	11501 EL CLAIR RANCH RD			3.3 STREET ADDRESS	11501 El Clair Ranch Road		
CITY-ST-ZIP	BOYNTON BEACH FL			3.4 CITY-ST-ZIP	Boynton Beach, FL 33437		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAISEL, DANIEL			4.2 NAME	Ann Brown Stern		
STREET ADDRESS	11501 EL CLAIR RANCH RD			4.3 STREET ADDRESS	11501 El Clair Ranch Road		
CITY-ST-ZIP	BOYNTON BEACH FL			4.4 CITY-ST-ZIP	Boynton Beach, FL 33437		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)