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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Wortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N02290 (7) 1. Corporation Name Baltusrol Village Condominium Assn. Inc. At The Hideaway Country Club			
Principal Place of Business C/O Dickinson Management, Inc. 11920 Fairway Lakes Drive Suite 2 Fort Myers, FL 33913		Mailing Address same	
2. Principal Place of Business 21 Dickinson Management, Inc. Suite, Apt. #, etc. 11920 Fairway Lakes Dr. #2 City & State Fort Myers, FL Zip 33913		2a. Mailing Address 26 Dickinson Management, Inc. Suite, Apt. #, etc. 11920 Fairway Lakes Dr. #2 City & State Fort Myers, FL Zip 33913	
24 33913		25 USA	
23 33913		28 USA	
3. Date Incorporated or Qualified March 29, 1984 3a. Date of Last Report April 22, 1996 4. FEI Number 59-2550119 Applied For Not Applicable 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 W.W. Schoo Management, Inc. 12901 McGregor Blvd. Suite 8 Fort Myers, FL 33919		10. Name and Address of New Registered Agent B1 Name Dickinson Management, Inc. B2 Street Address (P.O. Box Number is Not Acceptable) 11920 Fairway Lakes Drive Suite 2 B3 B4 City Fort Myers FL B5 Zip Code 33913	
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 Charles H. Vaughn <i>Charles H. Vaughn</i> DATE September 15, 1997			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD ☐ DELETE NAME Howell, Louise STREET ADDRESS 5665 Trailwinds Dr. #615 CITY-ST-ZIP Fort Myers, FL		1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VPD ☐ DELETE NAME D'Amico, Donald STREET ADDRESS 37 W. 510 Twin Silo CITY-ST-ZIP St. Charles, IL 60175		2.1 TITLE ☒ Change ☐ Addition 2.2 NAME 300002315313--0 2.3 STREET ADDRESS -10/08/97--01094--017 2.4 CITY-ST-ZIP *****61.25 *****61.25	
TITLE DT ☐ DELETE NAME Depe, Micheal STREET ADDRESS 5545 Trailwinds Dr. #112 CITY-ST-ZIP Fort Myers, FL		3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE ☐ Change ☒ Addition 4.2 NAME VPD 4.3 STREET ADDRESS Boland, John 4.4 CITY-ST-ZIP 5685 TRAILWINDS DR #714 4.5 CITY-ST-ZIP Fort Myers, FL 33907	
TITLE D ☐ DELETE NAME Swart, Earnest STREET ADDRESS 67 Pedro Ct JBW CITY-ST-ZIP Fort Myers, FL 33912		5.1 TITLE ☒ Change ☐ Addition 5.2 NAME PP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE PD ☒ DELETE NAME Eisentrager, Stuart STREET ADDRESS 5585 Trailwinds Dr. #321 CITY-ST-ZIP Fort Myers, FL		6.1 TITLE ☐ Change ☒ Addition 6.2 NAME G. Alan 6.3 STREET ADDRESS 10/6/97 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: <i>Louise D. Howell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Sept. 16, 1997 941-275-0308 Date Daytime Phone #	

CR2E037 (9/96)