


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 SAM POTEET 2151 S. CITRUS CIR. ZELLWOOD FL 32798 US			Mailing Address SAM POTEET 2151 S. CITRUS CIR. ZELLWOOD FL 32798 US		
2. Principal Place of Business 21 Fred Wilson Suite, Apt. #, etc. 22 2509 Amyris Ct. City & State 23 Zellwood, Fl. Zip Country 24 32798 25 USA		2a. Mailing Address 26 Fred Wilson Suite, Apt. #, etc. 27 2509 Amyris Ct. City & State 28 Zellwood, Fl. Zip Country 29 32798 30 USA		3. Date Incorporated or Qualified 11/07/1980 4. FEI Number 59-2996465 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SAM POTEET 2151 S. CITRUS CIR. ZELLWOOD FL 32798			10. Name and Address of New Registered Agent 81 Name Fred Wilson 82 Street Address (P.O. Box Number is Not Acceptable) 2509 Amyris Ct. 83 84 City Zellwood FL 85 Zip Code 327		
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 FRED WILSON X Fred Wilson DATE 1-7-98 (NOTE: Registered Agent Signature required when reinstating)					
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAM POTEET		1.2 NAME	Fred Wilson	
STREET ADDRESS	2151 S. CITRUS CIR.		1.3 STREET ADDRESS	2509 Amyris Ct./	
CITY - ST - ZIP	ZELLWOOD FL		1.4 CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Zellwood, Fl.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD D. CARLE		2.2 NAME	VD	
STREET ADDRESS	2134 CANOPY CIR.		2.3 STREET ADDRESS	John Lindenmuth	
CITY - ST - ZIP	ZELLWOOD FL		2.4 CITY - ST - ZIP	3908 Cohen Dr. Zellwood, Fl.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	
NAME	PENNY PRESCOTT		3.2 NAME	Penny Prescott	
STREET ADDRESS	3416 GREENBLUFF RD.		3.3 STREET ADDRESS	3416 Greenbluff R. Zellwood,	
CITY - ST - ZIP	ZELLWOOD FL		3.4 CITY - ST - ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY PARKER		4.2 NAME	Mary Parker	
STREET ADDRESS	3866 DIAMOND OAK WAY		4.3 STREET ADDRESS	3866 Diamond Oak Way	
CITY - ST - ZIP	ZELLWOOD FL		4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	Zellwood, Fl.	<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 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: SIGNATURE REQUIRED Mary Parker - Mary Parker 1/7/98

CR2E037 (10/97)