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PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 400192

GOLF CLUB OF ENGLEWOOD, INC.

Mailing Address

FILED

Mar 11 1998 8:00am

Secretary of State

1721 ENGLEWOOD RD. 1721 ENGLEWOOD RD. ENGLEWOOD FL 34223-1820 **ENGLEWOOD FL 34223-1820** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/28/1972 2. Principal Place of Business FEI Number 2a. Mailing Address Applied For Not Applicable 21 59-1400242 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 THOMPSON JR. GEORGE R. 1 SOUTH GOLFVIEW DRIVE **B2** Street Address (P.O. Box Number is Not Acceptable) **ENGLEWOOD FL 34223** 63 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE CLARK, KATHERINE D NAME 12 NAME 1622 CEDAR SWAMP ROAD STREET ADDRESS 1.3 STREET ADDRESS GLEN HEAD N Y 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE THOMPSON, GEORGE 2.2 NAME NAME 1 SO GOLFVIEW DR 2.3 STREET ADDRESS STREET ADDRESS ENGLEWOOD, FL 00000 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change ☐ Addition TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: