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Jun 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000066104 (6)**

1. Corporation Name
DIVOT GOLF REALTY COMPANY

Principal Place of Business	Mailing Address
3811 WEST SLIGH AVENUE TAMPA FL 33614	P.O. BOX 172067 TAMPA FL 33672

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1996
4. FEI Number: 59-3399354 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 201 N. Franklin Street	26
Suite, Apt. #, etc. 22 SUITE 200	Suite, Apt. #, etc. 27
City & State 23 Tampa, Florida	City & State 28
Zip 24 33602 — Country 25 U.S.A	Zip 29 — Country 30

9. **Name and Address of Current Registered Agent**

SCHROEDER, VERNON T
3811 WEST SLIGH AVENUE
TAMPA FL 33614

10. **Name and Address of New Registered Agent**

81 Name: ST. CLAIR, JOHN DOUGLAS
82 Street Address (P.O. Box Number is Not Acceptable): 201 N. Franklin Street
83 Suite 200
84 City: Tampa FL 85 Zip Code: 33602

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: John Douglas St. Clair / John Douglas St. Clair - Vice President — DATE June 4, 1998
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDA	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MILLER, KATHLEEN		1.2 NAME	CELLURA, JOSEPH	
STREET ADDRESS	P.O. BOX 172067		1.3 STREET ADDRESS	201 N. Franklin Street, Suite 200	
CITY-ST-ZIP	TAMPA FL 33672		1.4 CITY-ST-ZIP	Tampa, Florida 33602	
TITLE	DB	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	ST. CLAIR, JOHN DOUGLAS		2.2 NAME	ST. CLAIR, JOHN DOUGLAS	
STREET ADDRESS	P.O. BOX 172067		2.3 STREET ADDRESS	201 N. Franklin Street, Suite 200	
CITY-ST-ZIP	TAMPA FL 33672		2.4 CITY-ST-ZIP	Tampa, Florida 33602	
TITLE		☐ DELETE	3.1 TITLE	P/D	☐ Change ☒ Addition
NAME			3.2 NAME	SHARP, PETER	
STREET ADDRESS			3.3 STREET ADDRESS	201 N. Franklin Street, Suite 200	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Tampa, Florida 33602	
TITLE		☐ DELETE	4.1 TITLE	C/CEO/D	☐ Change ☒ Addition
NAME			4.2 NAME	BAGNALL, CLIFFORD	
STREET ADDRESS			4.3 STREET ADDRESS	201 N. Franklin Street, Suite 200	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Tampa, Florida 33602	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	200002554142	☐ Change ☐ Addition
NAME			6.2 NAME	-06/10/98--01015--039	
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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

SIGNATURE: Joseph P. Cellura Director 6/3/98 813 251-1611