

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90107 028 *****61.25

DOCUMENT # 755038

1. Entity Name
ZELLWOOD STATION GOLF ASSOCIATION, INC.

Principal Place of Business
RONALD MUNGER
2126 SPILLMAN
ZELLWOOD FL 32798
US

Mailing Address
Dennis Hites
RONALD MUNGER
2126 SPILLMAN
ZELLWOOD FL 32798
US

2. Principal Place of Business
President of Zellwood Golf Assoc. - Cypress Dr.
Suite, Apt. #, etc.
Zellwood, FL 32798
City & State

3. Mailing Address
Suite, Apt. #, etc.
Zellwood, FL 32798
City & State

4. FEI Number 59-2996465
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HARRY PLUNKARD, VICE PRES.
3712 OLAX CT
ZELLWOOD FL 32798

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Dennis Hites / Harry Plunkard - Pres. & V. Pres.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VD	HITES, DENNIS	4235 OAK GROVE DR	ZELLWOOD FL 32798	<input type="checkbox"/>
VD	PLUNKARD, HARRY	3712 OLAX COURT	ZELLWOOD FL 32798	<input type="checkbox"/>
SD	SCHNELL, BETH	4118 OAK GROVE RD	ZELLWOOD FL 32798	<input type="checkbox"/>
TD	DIBIASIO, JACKIE	3963 PARKWAY RD	ZELLWOOD FL 32798	<input type="checkbox"/>
TD	DIBIASIO, JACKIE	3963 PARKWAY RD	ZELLWOOD FL 32798	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE

1-20-03 409-889-5507