

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **312080** (5)
1. Corporation Name
SILVER LAKE GOLF AND COUNTRY CLUB OF LAKE COUNTY, INC.



Principal Place of Business 9435 SILVER LAKE DR. LEESBURG FL 34788	Mailing Address 9435 SILVER LAKE DR. LEESBURG FL 34788-3418
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1966	3a. Date of Last Report 04/17/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1158325	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SEABROOK, WILLIAM B 9904 FAIRWAY CIRCLE LEESBURG FL 34788				10. Name and Address of New Registered Agent	
				81 Name WILLIAM MUDGE	
				82 Street Address (P.O. Box Number is Not Acceptable) 7904 GLEN ABBEY CIRCLE	
				83	
				84 City ORLANDO	85 Zip Code FL 3214

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: William Mudge (NOTE: Registered Agent signature required when reinstating) DATE: APR 23, 97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	P	SEABROOK, WILLIAM B		1.1 TITLE	P	HARRY GALLOWAY	
NAME		9904 FAIRWAY CIRCLE		1.2 NAME		33828 OVERTON DR.	
STREET ADDRESS		LEESBURG FL		1.3 STREET ADDRESS		LEESBURG, FL 34788	
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	V	GALLOWAY, HARRY	<input type="checkbox"/> DELETE	2.1 TITLE	V	GARY CHRISTENSON	
NAME		33828 OVERTON DR.		2.2 NAME		34208 CT. DR.	
STREET ADDRESS		LEESBURG FL 34788		2.3 STREET ADDRESS		LEESBURG, FL 32819	
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	S	BENJAMIN, JEANNE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T	PERRY MITCHELL	
NAME		33529 OVERTON DR.		3.2 NAME		33348 GREEN RD.	
STREET ADDRESS		LEESBURG FL 34788		3.3 STREET ADDRESS		LEESBURG, FL 34788	
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	T	MITCHELL, PERRY L	<input type="checkbox"/> DELETE	4.1 TITLE	S	HOLLY MARSTEN	
NAME		33348 GREEN ROAD		4.2 NAME		21 WEDGEWOOD LN	
STREET ADDRESS		LEESBURG FL		4.3 STREET ADDRESS		LEESBURG, FL 34788	
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE			
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			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Perry L. Mitchell DATE: APR 24, 1997 DAYTIME PHONE: 813-787-8081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)