

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 327551 (8)

1. Corporation Name
GOLDEN HILLS GOLF AND TURF CLUB, INC.

Principal Place of Business
4782 N W 80TH AVENUE
OCALA FL 34482
US

Mailing Address
4782 N W 80TH AVENUE
OCALA FL 34482
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/14/1968		06/03/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-1027876		Not Applicable	
24 Country		30 Country		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	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VALVERDE, JOHN 4539 NW 84TH TERRACE OCALA FL 34482				81 Name W Gordon Stewart			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 4731 N.W. 81st Court			
				84 City Ocala			
				FL		85 Zip Code 34482	

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 *W. Gordon Stewart* W. GORDON STEWART 7-21-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KINDBERG, SUZANNE		1.2 NAME	James G. Callahan			
STREET ADDRESS	7813 N.W. 48TH STREET		1.3 STREET ADDRESS	5738 NW 80th Ave Rd.			
CITY-ST-ZIP	OCALA FL 34482		1.4 CITY-ST-ZIP	Ocala, FL 34482			
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SHARP, J. JAMES		2.2 NAME	Gerard Boucher			
STREET ADDRESS	5080 N.W. 75TH AVE		2.3 STREET ADDRESS	5350 NW 75th Ave			
CITY-ST-ZIP	OCALA FL 34482		2.4 CITY-ST-ZIP	Ocala, FL 34482			
TITLE	VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MUSTAINE, DONALD		3.2 NAME				
STREET ADDRESS	4870 NW 78TH AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	OCALA FL 34482		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEWART, GORDON		4.2 NAME				
STREET ADDRESS	4731 N.W. 81ST COURT		4.3 STREET ADDRESS				
CITY-ST-ZIP	OCALA FL 34482		4.4 CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BEARSE, RICHARD		5.2 NAME	Ben Cline			
STREET ADDRESS	2216 SE ASHLEY CT		5.3 STREET ADDRESS	7769 NW 56th Place			
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP	Ocala, FL 34482			
TITLE	P	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VALVERDE, JOHN		6.2 NAME				
STREET ADDRESS	4539 N.W. 84TH TERRACE		6.3 STREET ADDRESS				
CITY-ST-ZIP	OCALA FL		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: *W. Gordon Stewart* SIGNATURE REQUIRED

CR2E034 (4/97)