

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

FILED
Apr 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
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DOCUMENT # **367548** (5)
1. Corporation Name
ENGLEWOOD GOLF REALTY, INC.

Principal Place of Business 1 SOUTH GOLFVIEW DRIVE ENGLEWOOD FL 34223	Mailing Address 1 SOUTH GOLFVIEW DRIVE ENGLEWOOD FL 34223
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/28/1970	
				4. FEI Number 59-1301738	
				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	

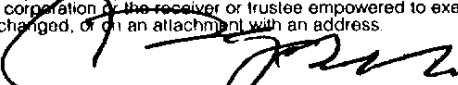
9. Name and Address of Current Registered Agent THOMPSON, ANDREW M 1 SOUTH GOLFVIEW DRIVE ENGLEWOOD, FL 34223				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
☐ DELETE				☐ Change ☐ Addition			
TITLE	PD			1.1 TITLE			
NAME	THOMPSON, GEROGE R. JR.			1.2 NAME			
STREET ADDRESS	2519 COZUMEL DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 00000			1.4 CITY-ST-ZIP			
TITLE	SD			2.1 TITLE			
NAME	THOMPSON, GEORGE R SR.			2.2 NAME			
STREET ADDRESS	1 S. GOLFVIEW DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD, FL 00000			2.4 CITY-ST-ZIP			
TITLE	D			3.1 TITLE			
NAME	THOMPSON, GEORGE R JR			3.2 NAME			
STREET ADDRESS	2519 COZUMEL DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 00000			3.4 CITY-ST-ZIP			
TITLE	VP			4.1 TITLE			
NAME	THOMPSON, ANDREW M.			4.2 NAME			
STREET ADDRESS	#1 S. GOLFVIEW DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD FL			4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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:  4/3/98 941 474-7551

CR2E034 (10/97)