

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 511245 (3)
1. Corporation Name
WILLISTON GOLF AND COUNTRY CLUB CORPORATION



Principal Place of Business Mailing Address
% ORTEGA AND COMPANY, P.A.
2307 DOUGLAS RD. SUITE 302
MIAMI FL 33145

3. Date Incorporated or Qualified 08/25/1976
3a. Date of Last Report 04/03/1995
4. FEI Number 59-1686724
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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
30

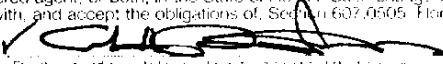
9. Name and Address of Current Registered Agent

ESTES, JAMES L., JR., ESQ.
5209 TAMPA PALMS BLVD
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name
CARL A. BERTOCH, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
537 EAST PARK AVENUE, POST OFFICE BOX 3106
83
84 City
TALLAHASSEE
85 FL Zip Code
32315

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE 
Signature typed or printed name of registered agent and of the officer or director

12/29/96
Signature typed or printed name of registered agent and of the officer or director

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	N. DE CUELLO, AIMEE	
STREET ADDRESS	2025 CACIQUE ST - OCEAN PRK	
CITY - ST - ZIP	SANTURCE P.	
TITLE	STD	☐ DELETE
NAME	POU, AIMEE	
STREET ADDRESS	9413 S.W. 21 TERRACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	CUELLO DE DE JUAN, MARIA M	
STREET ADDRESS	28 FORTE STREET	
CITY - ST - ZIP	SAN JUAN PR	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ Change ☐ Addition
1. TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2. TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3. TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4. TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5. TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6. TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

400001889134
-07/10/96--01024--018
***200.00

050196 OR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

(809) 724 4200

CR2E034 (12/95)