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	% 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**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-1686724** ☐ Applied For ☐ Not Applicable

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

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** **FL** 85 Zip Code: **32315**

11. Pursuant to the provisions of Sections 607.0502 and 607.150a, 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: ✓ **1 Jan 96.**
Signature, typed or printed name of registered agent, and title if applicable — (by the Registered Agent legal entity listed above) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	N. DE CUELLO, AIMEE		1.2 NAME	
STREET ADDRESS	2025 CACIQUE ST - OCEAN PRK		1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTURCE P.		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	POU, AIMEE		2.2 NAME	
STREET ADDRESS	9413 S.W. 21 TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CUELLO DE DE JUAN, MARIA M		3.2 NAME	
STREET ADDRESS	28 FORTE STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JUAN PR		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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)(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: Aimee N. De Cuello — 4/26/96 — (809) 724-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)