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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # .514245

(3)

WILLISTON GOLF AND COUNTRY CLUB CORPORATION

Principal Place of Business Mailing Address % ORTEGA AND COMPANY, P.A. % ORTEGA AND COMPANY, P.A. 2307 DOUGLAS RD. SUITE 302 2307 DOUGLAS RD. SUITE 302 MIAMI FL 33145 MIAMI FL 33145 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1976 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1686724 26 21 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible **X** Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ESTES ##RS(K,XIR,XESX) CARL A. 3ERTOCH
Street Address (P.O. Box Number is Not Acceptable) 50% E # MAKKAKEK 82 TAKUAMASA BENEK XIZOXIX 537 EAST PARK AVE 83 84 City Zip Code 32315 TALLAHASSEE 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, typed or profed name of registered agent and title if applicable (NOTE: Registered Agent signature required CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE N. DE CUELLO, AIMEE NAME 1.2 NAME 2025 CACIQUE ST - OCEAN PRK STREET ADDRESS 1.3 STREET ADDRESS SANTURCE P. CITY-ST-ZIP 1.4 CITY-ST-ZIP STD DELETE Change Addition TITLE 21 TILE POU. AIMEE 2.2 NAME 9413 S.W. 21 TERRACE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-7IP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change \_\_\_ Addition CUELLO DE DE JUAN, MARIA M 3.2 NAME 28 FORTE STREET STREET ADDRESS 3.3 STREET ADDRESS SAN JUAN PR 3 4. CHTY-ST-ZIP CITY-ST-ZIP DELETE 41 TITLE Change Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZiP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - St - ZIP **3000024909頃<sub>最ange</sub>** -04/16/98--01080--017 DELETE TITLE 6.1 TITLE NAME 6.2 NAME \*\*\*150.90 STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIF

14. Thereby 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 gn an attachment with an address.

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SIGNATURE:

03/18/1998

**FILED** 

Apr 16 1998 8:00am

Secretary of State