

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 511245

1. Corporation Name

WILLISTON GOLF AND COUNTRY CLUB CORPORATION

Principal Place of Business

% ORTEGA AND COMPANY, P.A.
2307 DOUGLAS RD. SUITE 302
MIAMI FL 33145

Mailing Address

% ORTEGA AND COMPANY, P.A.
2307 DOUGLAS RD. SUITE 302
MIAMI FL 33145

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90035 009 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1976

4. FEI Number

59-1686724

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

BERTOCH, CARL A
537 E PARK AVE
TALLAHASSEE FL 32315

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME N. DE CUELLO, AIMEE
STREET ADDRESS 2025 CACIQUE ST - OCEAN PRK
CITY-ST-ZIP SANTURCE P.

☐ DELETE

TITLE STD
NAME POU, AIMEE
STREET ADDRESS 9413 S.W. 21 TERRACE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD
NAME CUELLO DE DE JUAN, MARIA M
STREET ADDRESS 28 FORTE STREET
CITY-ST-ZIP SAN JUAN PR

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

AIMEE N. DE CUELLO EQUIRE

Date

Daytime Phone #

3-25-99 (787)724-4200

CR2E034 (1/1/98)