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Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 705901

1. Corporation Name

(7) NG 12/5/97
Soluffa Golf Association, Inc.

Principal Place of Business

Mailing Address

CHEMSTRAND RD
GONZALEZ FL

P O BOX # 1087
GONZALEZ FL 32560
US

3. Date Incorporated or Qualified

07/16/1963

4. FEI Number

59-2150685

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

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

10. Name and Address of New Registered Agent

JUDY H. LYTON
2365 OLD CHEMSTRAND RD
GONZALEZ FL 32560

81 Name John H. Childs, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)
2365 Old Chemstrand Rd.

83

84 City Gonzalez

FL

85 Zip Code 32560

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BELL, BENNY
STREET ADDRESS 3162 297A
CITY-ST-ZIP CANTONMENT FL 32534

1.1 TITLE Change Addition
1.2 NAME Robert E. Harvey
1.3 STREET ADDRESS 3110 Hug 297-A
1.4 CITY-ST-ZIP Cantonment, Fl. 32533

TITLE D
NAME KELLY, JERRY
STREET ADDRESS 690 TELLERAN ST.
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE Change Addition
2.2 NAME BELL, BENNY
2.3 STREET ADDRESS 3162 297A
2.4 CITY-ST-ZIP Cantonment Fla 32534

TITLE D
NAME HECHT, STEVE
STREET ADDRESS 11507 THOUSAND OAKS DRIVE
CITY-ST-ZIP PENSACOLA FL 32514

3.1 TITLE Change Addition
3.2 NAME Kelly, Jerry
3.3 STREET ADDRESS 590 TELLERAN ST
3.4 CITY-ST-ZIP Pensacola, Fla

TITLE D
NAME LADD, PARNELL
STREET ADDRESS 6542 TERRASANTA
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE Change Addition
4.2 NAME Hecht Steve
4.3 STREET ADDRESS 11504 Thousand Oaks Drive
4.4 CITY-ST-ZIP Pensacola, Fla 32514

TITLE D
NAME KELLY, MIKE
STREET ADDRESS 181 DAYLILY ROAD
CITY-ST-ZIP CANTONMENT FL 32533

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME KELIHER, JUDY
STREET ADDRESS 2022 DOWNING DRIVE
CITY-ST-ZIP PENSACOLA FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS 200002543512
6.4 CITY-ST-ZIP -06/02/98--01008--025
***61.25

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Handwritten signature]

CR2E037 (10/97)