FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 FEB 17 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709763 (7)

1. Corporation Name

WILLISTON HIGHLANDS GOLF & COUNTRY CLUB ASSOCIATION, INC.

Principal Place of Business	Mailing Address
HWY 121 SOUTH RT 2 BOX 1590 WILLISTON FL 32696	HWY 121 SOUTH RT 2 BOX 1590 WILLISTON FL 32696

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1965
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-1173769 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

ARENDALL, BUDDY
RT 1, BOX 119
WILLISTON FL 32696

10. Name and Address of New Registered Agent

81 Name: FRENCH, ROYAL
82 Street Address (P.O. Box Number is Not Acceptable): Rt 2, Box 1438
83
84 City: Williston FL 85 Zip Code: 32696

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] DATE: 1/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	ARENDALL, BUDDY	1.2 NAME	FRENCH, ROYAL	
STREET ADDRESS	RT 1 BOX 119	1.3 STREET ADDRESS	Rt 2 Box 1438	
CITY-ST-ZIP	WILLISTON FL 32696	1.4 CITY-ST-ZIP	Williston, Fl. 32696	
TITLE	D	2.1 TITLE	S	☒ Change ☐ Addition
NAME	WEBB, CHARLES	2.2 NAME	Rutter, H.C.	
STREET ADDRESS	110 NE 6TH AVE	2.3 STREET ADDRESS	Rt. 2 Box 1305	
CITY-ST-ZIP	WILLINSTON FL	2.4 CITY-ST-ZIP	Williston, FL. 32696	
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	STREITENBERGER, BOB	3.2 NAME		
STREET ADDRESS	RT 2 BOX 300	3.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL	3.4 CITY-ST-ZIP		
TITLE	ST	4.1 TITLE	D	☒ Change ☐ Addition
NAME	STARUK, WALTER	4.2 NAME	BRYANT, THOMAS	
STREET ADDRESS	RT 2 BOX 1419	4.3 STREET ADDRESS	Rt. 2 Box 1568	
CITY-ST-ZIP	WILLISTON FL 32696	4.4 CITY-ST-ZIP	Williston, Fl. 32696	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BRADFORD, HARRY	5.2 NAME	CAMPBELL, PAUL	
STREET ADDRESS	PO BOX 460 - RT 41 NORTH	5.3 STREET ADDRESS	Rt 2, Box 1506-P	
CITY-ST-ZIP	WILLINSTON FL	5.4 CITY-ST-ZIP	Williston, Fl. 32696	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	ROYAL, FRENCH	6.2 NAME	GRIFFITH, KENNETH	
STREET ADDRESS	RT 2 BOX 1438	6.3 STREET ADDRESS	PO. Box 482	
CITY-ST-ZIP	WILLISTON FL 32696	6.4 CITY-ST-ZIP	Williston, Fl. 32696	

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

SIGNATURE: [signature] Robert L. Streitenberger 2/8/95 904-528-2876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030000