

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified **10/14/1965** 3a. Date of Last Report **02/17/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**FRENCH, ROYAL
RT 2 BOX 1438
WILLISTON FL 32696**

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FRENCH, ROYAL	
STREET ADDRESS	RT 2 BOX 1438	
CITY-ST-ZIP	WILLISTON FL	
TITLE	✓	<input checked="" type="checkbox"/> DELETE
NAME	RUTTER, H.C.	
STREET ADDRESS	RT 2 BOX 1305	
CITY-ST-ZIP	WILLISTON FL	
TITLE	NS	<input checked="" type="checkbox"/> DELETE
NAME	STREITENBERGER, BOB	
STREET ADDRESS	RT 2 BOX 1300	
CITY-ST-ZIP	WILLISTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRYANT, THOMAS	
STREET ADDRESS	RT 2 BOX 1568	
CITY-ST-ZIP	WILLISTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMPBELL, PAUL	
STREET ADDRESS	RT 2 BOX 1506-P	
CITY-ST-ZIP	WILLISTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFITH, KENNETH	
STREET ADDRESS	P O BOX 482	
CITY-ST-ZIP	WILLISTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RUTTER, H.C.
2.3 STREET ADDRESS	RT 2 BOX 1305
2.4 CITY-ST-ZIP	WILLISTON, FL 32696
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S/T STREITENBERGER, BOB
3.3 STREET ADDRESS	RT 2 BOX 1300
3.4 CITY-ST-ZIP	WILLISTON, FL 32696
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D MACKEY, TOM
6.3 STREET ADDRESS	RT 2 BOX 1377
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)(k), 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: *Robert J. Streitenberger* Date **352-528-2520**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)