


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

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 03/12/1996
4. FEI Number 59-1173769	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Williston Highlands	26 789 N.E. State Rd. 121
Suite, Apt. #, etc. 22 789 N.E. State Rd. 121	Suite, Apt. #, etc. 27
City & State 23 Williston, FL	City & State 28 Williston, FL
Zip 24 32696	Zip 29 32696
Country 25	Country 30

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 STREITENBERGER, BOB
82 Street Address (P.O. Box Number is Not Acceptable) 15995 N.E. 13th St.
83 Williston
84 City FL
85 Zip Code 32696

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. FRENCH, ROYAL RT 2 BOX 1438 WILLISTON FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P. STREITENBERGER, BOB 15995 N.E. 13th St Williston, FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. RUTTER, H.C. RT 2 BOX 1305 WILLISTON FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ST. TERYEK, AL 1591 N.E. 4th St. WILLISTON, FL. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. STREITENBERGER, BOB RT 2 BOX 1300 WILLISTON FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ST. SHARP, PAUL P.O. BOX 591 WILLISTON, FL. N/A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BRYANT, THOMAS RT 2 BOX 1568 WILLISTON FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D. ST. JOHN, NORMAN 11690 S.E. 81st St. MORRISTON, FL. 32668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. CAMPBELL, PAUL RT 2 BOX 1506-P WILLISTON FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MACKEY, TOM RT 2 BOX 1377 WILLISTON FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do 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 *[Signature]* SIGNATURE REQUIRED

CR2E037 (4/97)