

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:49

DOCUMENT # 740281 (1)
1. Corporation Name
EMERALD LAKES LADIES' CLUB, INC.

Principal Place of Business: 1401 W HWY 50 BOX 232 CLERMONT FL 34711
Mailing Address: 1401 W HWY 50 BOX 232 CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1977
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-2619818
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: 21
2a. Mailing Address: 25 1401 W. Hwy. 50 Box 232
22. Suite, Apt. #, etc.: 27
23. City & State: 28 Clermont Fl.
24. Zip: 29 34711 Country: 30

9. Name and Address of Current Registered Agent
ERSWELL, DELLA
1401 W HWY 50 LOT 19
CLERMONT FL 34711

10. Name and Address of New Registered Agent
81 Name: Vaughan, Mary E.
82 Street Address (P.O. Box Number is Not Acceptable): 1401 W. Hwy. 50 Box 59
83
84 City: Clermont FL 85 Zip Code: 34711

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: Mary E. Vaughan, Treasurer
Signature, typed or printed name of registered agent and title if applicable
Mary E. Vaughan
(NOTE: Registered agent signature required when resigning)
DATE: 3/27/95

12. OFFICERS AND DIRECTORS	
TITLE: PD	EVERSON, DORIS 1401 W HWY 50 BOX 218 CLERMONT, FL 00000
TITLE: VD	MASON, CONNIE 1401 W HWY 50 BOX 181 CLERMONT, FL 00000
TITLE: SD	DAVIS, ESTHER 1401 W HWY 50 BOX 148 CLERMONT, FL 00000
TITLE: TD	ERSWELL, DELLA 1401 W HWY 50 BOX 19 CLERMONT, FL 00000
TITLE:	
TITLE:	
TITLE:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: PD	Noble, Mary C. 1401 W. Hwy. 50 Box 144 Clermont, Fl. 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE: VD	Hendrickson, Wilda 1401 W. Hwy. 50 Box 103 Clermont, Fl. 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE: SD	Palecek, Betty 1401 W. Hwy. 50 Box 151 Clermont, Fl. 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE: TD	Vaughan, Mary E. 1401 W. Hwy. 50 Box 59 Clermont, Fl. 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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: Mary E. Vaughan, Mary E. Vaughan Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 3/27/95
TELEPHONE NUMBER: 904-394-6638