

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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 US

3. Date Incorporated or Qualified: 09/30/1977
3a. Date of Last Report: 03/30/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2619818	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VAUGHAN, MARY E. 1401 W HWY 50 PO BOX 59 CLERMONT FL 34711	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: Mary E. Vaughan (Signature, typed or printed name of registered agent and title if applicable)
Mary E. Vaughan (Typed name of registered agent)
DATE: 3/12/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NOBLE, MARY C. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD Joanne Miller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLE, MARY C.	1.2 NAME	Joanne Miller
STREET ADDRESS	1401 W HWY 50 BOX 144	1.3 STREET ADDRESS	1401 W. Hwy. 50 Box 217
CITY-ST-ZIP	CLERMONT, FL 00000	1.4 CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	VD HENDRICKSON, WILDA <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD Lois Miller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICKSON, WILDA	2.2 NAME	Lois Miller
STREET ADDRESS	1401 W HWY 50 BOX 103	2.3 STREET ADDRESS	1401 W. Hwy. 50 Box 313
CITY-ST-ZIP	CLERMONT, FL 00000	2.4 CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	SD PALECEK, BETTY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALECEK, BETTY	3.2 NAME	
STREET ADDRESS	1401 W HWY 50 BOX 151	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD VAUGHAN, MARY E. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, MARY E.	4.2 NAME	
STREET ADDRESS	1401 W HWY 50 BOX 59	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL 00000	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Mary E. Vaughan (Signature and typed or printed name of signing officer or director)
Mary E. Vaughan (Typed name of signing officer or director)
DATE: 3/12/96
DAYTIME PHONE #: 352-394-6698

CR2E037 (12/95)