FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

| DOCUI 1. Corporatio | MENT # 740281 | (1) | | |
|--|--|--|--------------------------------|--|
| EMER/ | ald lakes ladies' club, ii | NC. | | |
| Principal Place of Business Mailing Address | | | | |
| 1401 W HWY ! | | 1401 W HWY 50 BOX 233 CLERMONT FL 34711-207 | | |
| | | US | | 3. Date Incorporated or Qualified 3a. Date of Last Report 09/30/1977 03/18/1996 |
| - | lace of Business | 2a, Mailing Address | | 4. FEI Number Applied For 59-2619818 Applied For |
| Suite, Apt | # etc | Suite, Apt. #, etc. | | \$0.7E additional |
| 22 | π, οτο | 27 | | 5. Certificate of Status Desired Fee Required |
| City & Stat | 6 | City & State | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for intangible tax under s. 199.032, |
| 24 | 9. Name and Address of Current F | 29 Registered Agent | 30 | Florida Statutes Yes No 10. Name and Address of New Registered Agent |
| | 2. Harris and Address of Carrott | iogistoree regent | 81 Name |) - A |
| VALIGH | AN MARY F | | | Hurlbut, Jeanette |
| VAUGHAN, MARY E. 1401 W HWY 50 | | | 82 Street | Address (P.O. Box Number is Not Acceptable) |
| PO ROY 50 | | | 83 | or so have |
| OFFICIAL PROPERTY OF THE PROPE | | | P. P. | 0. Sox 10 |
| | | | 84 City | lermont 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 lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | |
| agent. I a | m tamiliar with, and accept the obligation | ons of, Section 617.0503, Fi | orida Statutes. | rporation's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | Jeanette Hu | ribut | reanett | · Hurlbul- 4/15/97 |
| 12. | Signature, typed or printed name of registered agent a OFFICERS AND I | | Registered Agent signature | re required when reinsteting) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | DELETE | 1.1 TITLE | Change Addition |
| NAME | MILLER, JOANNE | | 1.2 NAME | Ensminger, MARIE |
| STREET ADDRESS | 1401 W. HWY. 50 BOX 217 | | 1.3 STREET ADDRESS | 1401 W HWY 50 BOX 155 |
| CITY - ST - ZIP | CLERMONT, FL 00000 | | 1.4 CITY-ST-ZIP | Clermont F1. 347/1 |
| TITLE | V 0 | ☑ DELETE | 2.1 TITLE | VO Addition |
| NAME | MILLER, LOIS | | 2.2 NAME | Prosser Gloria 1401 w. Huy So Box 154 |
| STREET ADDRESS | 1401 W. HWY. 50 BOX 213 | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLERMONT, FL 00000 | | 2. 4 CITY - ST - ZIP | Clermont F1. 34211 |
| TITLE | SD DIFFORK PETTY | DELETE | 31 TITLE | S D |
| NAME | PALECEK, BETTY | | 3.2 NAME | Hughes, Betty 1401 w. Hwyso Box 125 |
| STREET ADDRESS | 1401 W HWY 50 BOX 151 | | 3.3 STREET ADDRESS | 1401 M HMA20 1241192 |
| CITY-ST-ZIP TITLE | CLERMONT, FL 00000 | DELETE | 3.4. CITY-\$T-ZIP 4.1 TITLE | Clermont, F1 34711 |
| NAME | TD Vaughan, Mary E. | E Decer | 4, 2 NAME | 1 |
| STREET ADDRESS | 1401 W HWY 50 BOX 59 | | 4.3 STREET ADDRESS | HURLBUT, Jeanette 1401 W. HWY SO BOX 10 |
| CITY-\$1-ZIP | CLERMONT, FL 00000 | | 4.4 City-St-ZIP | Germont, F1 34711 |
| TITLE | Administration Annual | DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6,1 TITLE | Change Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Apr 30 1997 8:00am

Secretary of State