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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/30/1977	
4. FEI Number 59-2619818	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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc. Clermont, Fl.	26. Suite, Apt. #, etc. <i>Same</i>
22. City & State	27. City & State
23. Zip 34711	28. Country USA

9. Name and Address of Current Registered Agent
**HURLBUT, JEANETTE
1401 W. HWY 50
PO BOX 10
CLERMONT FL 34711**

10. Name and Address of New Registered Agent

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

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 DATE 4/3/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE PD	NAME ENSMINGER, MARIE	<input checked="" type="checkbox"/>
STREET ADDRESS 1401 W. HWY 50, BOX 155	CITY-ST-ZIP CLERMONT, FL 00000	
TITLE VD	NAME PROSSER, GLORIA	<input checked="" type="checkbox"/>
STREET ADDRESS 1401 W. HWY 50, BOX 154	CITY-ST-ZIP CLERMONT, FL 00000	
TITLE SD	NAME HUGHES, BETTY	<input checked="" type="checkbox"/>
STREET ADDRESS 1401 W. HWY 50, BOX 125	CITY-ST-ZIP CLERMONT, FL 00000	
TITLE TD	NAME HURLBUT, JEANETTE	<input checked="" type="checkbox"/>
STREET ADDRESS 1401 W HWY 50, BOX 10	CITY-ST-ZIP CLERMONT, FL 00000	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE PD	1.2 NAME Gordon, Dve	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS 1401 W. Hwy. 50, Box 176	1.4 CITY-ST-ZIP Clermont, Fl.		
2.1 TITLE VD	2.2 NAME MacGneger, Peg.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS 1401 W. Hwy. 50 Box 138	2.4 CITY-ST-ZIP Clermont, FL		
3.1 TITLE SD	3.2 NAME Nardy, Maxine	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS 1401 W. Hwy. 50 Box 124	3.4 CITY-ST-ZIP Clermont, FL		
4.1 TITLE TD	4.2 NAME Vaughan, Mary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS 1401 W. Hwy. 50 Box 59	4.4 CITY-ST-ZIP Clermont, FL		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 DATE 4/3/98

CR2E037 (10/97)