FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -8 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **740793** **(5)**

1. Corporation Name

ORANGE BLOSSOM C.B. CLUB INC.

Principal Place of Business	Mailing Address
P.O. BOX 69 S.R. SR 315 SOUTH INTERLACHEN FL 32148-9700	P.O. BOX 69 S.R. SR 315 SOUTH INTERLACHEN FL 32148-9700

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1977
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-1791692 ☐ 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
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

LEDWITH, VIOLA J
RT. 4, BOX 60-C
FLAMINGO BLVD.
INTERLACHEN FL 32148

10. Name and Address of New Registered Agent

81 Name: HELEN K SNIEZEK
82 Street Address (P.O. Box Number is Not Acceptable): RT #3 Box 954H
83
84 City: INTERLACHEN FL 85 Zip Code: 32148

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: Helen K Sniezek Treas. 2-21-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	SNIEZEK, STANLEY	1.2 NAME	LAWRENCE JOHN	
STREET ADDRESS	ROUTE 3 BOX 954H	1.3 STREET ADDRESS	RT 1 BOX 348M	
CITY-ST-ZIP	INTERLACHEN FL	1.4 CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	VD	2.1 TITLE	1ST VICE	☒ Change ☐ Addition
NAME	LEDWITH, ART	2.2 NAME	SMITH KEN	
STREET ADDRESS	ROUTE 4 BOX 60C	2.3 STREET ADDRESS	RT 4 BOX 478R	
CITY-ST-ZIP	INTERLACHEN FL	2.4 CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, KEN	3.2 NAME	NONE	
STREET ADDRESS	ROUTE 4 BOX 478R	3.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH JUDY	4.2 NAME		
STREET ADDRESS	ROUTE 4 BOX 478R	4.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	CARROLL, EDITH	5.2 NAME		
STREET ADDRESS	ROUTE 3 BOX 955	5.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	SNIEZEK, HELEN	6.2 NAME	BIDENBAUGH NELL	
STREET ADDRESS	ROUTE 3 BOX 954H	6.3 STREET ADDRESS	203 MIRROR LAKE DR	
CITY-ST-ZIP	INTERLACHEN FL	6.4 CITY-ST-ZIP	INTERLACHEN FL 32148	

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)(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: Helen K Sniezek Helen K Sniezek Treas. 2-21-95 904-684-6675
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0021003