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 # **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

3. Date Incorporated or Qualified: **11/17/1977**
3a. Date of Last Report: **03/08/1995**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SNIEZEK, HELEN K.
RT 3 BOX 954H
INTERLACHEN FL 32148

10. Name and Address of New Registered Agent

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: Helen K Sniezek (Signature of New Registered Agent, if changed) DATE: 1-23-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	LAWRENCE, JOHN		1.2 NAME	SNIEZEK STANLEY	
STREET ADDRESS	RT 1 BOX 348M		1.3 STREET ADDRESS	RT 3 BOX 954H	
CITY-ST-ZIP	INTERLACHEN FL		1.4 CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEDWITH, ART		2.2 NAME		
STREET ADDRESS	ROUTE 4 BOX 60C		2.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, KEN		3.2 NAME		
STREET ADDRESS	ROUTE 4 BOX 478R		3.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☐ Addition
NAME	SMITH JUDY		4.2 NAME	CURTIN KATHLEEN M	
STREET ADDRESS	ROUTE 4 BOX 478R		4.3 STREET ADDRESS	218 N HELMERS AVE	
CITY-ST-ZIP	INTERLACHEN FL		4.4 CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	D	☐ DELETE	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	☒ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	RIDENBAUGH, NELL		6.2 NAME	BLY ALAN	
STREET ADDRESS	203 MIRROR LAKE DR		6.3 STREET ADDRESS	202 MIRROR LAKE DR	
CITY-ST-ZIP	INTERLACHEN FL		6.4 CITY-ST-ZIP	INTERLACHEN FL 32148	

CR2E037 (12/95)

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: Sniezek Helen K Helen K Sniezek 1-23-96 904-684-6675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #