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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

4. FEI Number: 59-1791692 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 135 S. COUNTY RD 315

2a. Mailing Address
26

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State: INTERLACHEN FL

28 City & State

24 Zip: 32148 25 Country: USA

29 Zip 30 Country

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BLY, ALAN
202 MIRROR LAKE DRIVE
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, KEN		1.2 NAME	
STREET ADDRESS	~~RT. 4 BOX 478R~~ 133 STEVEN DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CUTAIN, KATHLEEN		2.2 NAME	
STREET ADDRESS	218 N. HELMERS AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BLY, ALAN		3.2 NAME	
STREET ADDRESS	202 MIRROR LAKE DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BLY, VIVIEN		4.2 NAME	
STREET ADDRESS	202 MIRROR LAKE DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BISHOP, JOSEPH		5.2 NAME	
STREET ADDRESS	~~ROUTE 1 BOX 859 B~~ 125 JANET AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, DANIEL		6.2 NAME	
STREET ADDRESS	~~ROUTE 1 BOX 208J~~ 320 MILTON AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. I 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.

SIGNATURE: [signature] BLY 904-684-2490 2-17-98