FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90117 024 ****70.00

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DOCUMENT # 740793

1. Corporation Name
ORANGE BLOSSOM C.B. CLUB INC.

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

2. Principal Place of Business 21 135 S. County Rd 315 Suite, Apt. #, etc. 22 City & State 23 INTERLACHEN, FL Zip 24 32148 Country 25 USA	2a. Mailing Address 26 PO Box 69 Suite, Apt. #, etc. 27 City & State 28 INTERLACHEN, FL Zip 29 32148 Country 30 USA	3. Date Incorporated or Qualifed 11/17/1977 4. FEI Number 59-1791692 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	133 STEVEN DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL		1.4 CITY-ST-ZIP		
TITLE	1VP	☐ 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	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	320 MILTON AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: ALAN BLY SIGNATURE REQUIRED Alan Bly 4-17-99 904-684-2490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #