


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 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 # **769470** (6)

1. Corporation Name

DELTONA HILLS GOLF AND COUNTRY CLUB, INC.



Principal Place of Business	Mailing Address
1120 ELKCAM BLVD. DELTONA FL 32725	1120 ELKCAM BLVD. DELTONA FL 32725

3. Date Incorporated or Qualified	07/20/1983
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4. FEI Number	59-2311338	Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
THOMSON, COLIN 1318 N OLD MILL DR DELTONA FL 32725

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRECH, BILL	1.2 NAME	THOMSON, COLIN
STREET ADDRESS	1550 OLD TITUSVILLE RD	1.3 STREET ADDRESS	1318 N. OLD MILL DR.
CITY-ST-ZIP	ENTERPRISE FL 32725	1.4 CITY-ST-ZIP	DELTONA, FL 32725
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEAVELL, STEVE	2.2 NAME	SUPROCK, GEORGE
STREET ADDRESS	1440 GALENA TERRACE	2.3 STREET ADDRESS	1170 ELKCAM BLVD. UNIT 4
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP	DELTONA, FL 32725
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, NEIL	3.2 NAME	
STREET ADDRESS	1221 N OLD MILL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMSON, COLIN	4.2 NAME	ZIELINSKI, THOMAS J.
STREET ADDRESS	1318 N OLD MILL DR	4.3 STREET ADDRESS	538 EVERETT ST.
CITY-ST-ZIP	DELTONA FL 32725	4.4 CITY-ST-ZIP	DELTONA, FL 32725
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Colin Thomson PRESIDENT 1/6/98 (904) 789-3911

CR2E037 (10/97)