

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 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 # 770477 (8)  
1. Corporation Name  
GOLDEN TRIANGLE CMTAN CLUB, INC.



Principal Place of Business: 8820 E TREASURE ISLAND AVE, 380 W. ALFRED ST., LEESBURG FL 34748 US  
Mailing Address: 8820 E TREASURE ISL AVENUE, LEESBURG FL 34748

3. Date incorporated or Qualified: 09/29/1983  
4. FEI Number: 59-1937169  
Applied For:  Not Applicable:

2. Principal Place of Business: 21 1220 Palmetto Rd., Eustis, FL 32726  
2a. Mailing Address: 26 1220 Palmetto Rd., Eustis, FL 32726  
23. City & State: Eustis, FL  
24. Zip: 32726, Country: Lake

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: TAYLOR, JAMES L, 1220 PALMETTO RD, EUSTIS FL 32726

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 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: [Signature] DATE: 4-9-98

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TAYLOR, JAMES L	
STREET ADDRESS	1220 PALMETTO RD	
CITY - ST - ZIP	EUSTIS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TAYLOR, JANICE	
STREET ADDRESS	1220 PALMETTO RD	
CITY - ST - ZIP	EUSTIS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAUSER, CHERYL	
STREET ADDRESS	11427 LAKEVIEW DR	
CITY - ST - ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, JANICE	
STREET ADDRESS	1220 PALMETTO RD	
CITY - ST - ZIP	EUSTIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, YVETTE	
STREET ADDRESS	P.O. BOX 1111, NEW HAMPSHIRE AVE	
CITY - ST - ZIP	TAVARES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SINGER, TROY	
STREET ADDRESS	205 LAKECREST DR	
CITY - ST - ZIP	TAVARES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: [Signature] DATE: 4-9-98

CR2E037 (10/97)