

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 31 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 829764

(0)

1. Corporation Name
GOLF HOST RESORTS, INC.



Principal Place of Business
**40292 US HWY 550 NORTH
DURANGO CO 81301
US**

Mailing Address
**PO BOX 3131
DURANGO CO 81302-3131
US**

3. Date Incorporated or Qualified **03/21/1973** 3a. Date of Last Report **02/22/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

84-0631130

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HILL, LEWIS H., III
FOLEY & LARDNER
101 E KENNEDY BLVD, BARNETT PLAZA 3650
TAMPA FL 33602**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | WADSWORTH, STANLEY | |
| STREET ADDRESS | 4418 HIGHWAY 160 W HESPERUS CO | |
| CITY-ST-ZIP | | |
| TITLE | VC | <input type="checkbox"/> DELETE |
| NAME | WADSWORTH, BRENTON | |
| STREET ADDRESS | 1901 VAN DYKE RD. PLAINFIELD IL | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ELLIS, WILLIAM | |
| STREET ADDRESS | 5963 WESTMINSTER COURT STEVENS POINT WI | |
| CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | FERREIRA, RICHARD S. | |
| STREET ADDRESS | 36750 US HWY 19 NORTH PALM HARBOR FL | |
| CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HERZOG, STEPHEN A. | |
| STREET ADDRESS | 1256 N. FLORIDA AVE. TARPON SPRINGS FL | |
| CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | AKIN, RICHARD L. | |
| STREET ADDRESS | 2380 HIDDEN LAKE DR. PALM HARBOR FL | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard L. Akin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD L. AKIN, VP and Treasurer

Date **1/20/97**

Daytime Phone # **813-942-2000**

CR2E034 (9/96)

**Golf Host Resorts, Inc.
Additional Officers and Directors**

| <u>Name of Officer and Director</u> | <u>Title</u> | <u>Street Address of Each Officer and Director</u> | <u>City, State & Zip</u> |
|--|---------------------|---|-------------------------------------|
| Hill, Lewis H. III | SD | 100 N Tampa St, Ste 2700 | Tampa, FL 33602 |
| McCormick, C. James | C | 2500 Grandview Drive | Vincennes, IN 47591 |

gentlr/11