FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

1-30-96 B-0500-C

DOCUMENT # **847994** **(1)**

1. Corporation Name

DRIFTWOOD BEACH CLUB, INC.

Principal Place of Business	Mailing Address
610 W. RIO RD. P.O. BOX 6006 CHARLOTTESVILLE VA 22906	610 W. RIO RD. P.O. BOX 6006 CHARLOTTESVILLE VA 22906

3. Date Incorporated or Qualified: **01/20/1981**
3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **54-1158081** ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

GREENSPOON & MARDER, P.A.
6700 N. ANDREWS AVENUE
SUITE 400
FT. LAUDERDALE FL 33309

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 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 _______ NOTE: Registered Agent signature required when reinstating _______ DATE _______

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	HAMMER, JOANN P	
STREET ADDRESS	300 WELLINGTON DR.	
CITY-ST-ZIP	CHARLOTTESVILLE VA	
TITLE	VPS	☐ DELETE
NAME	BASHAM, BARNEY W.	
STREET ADDRESS	WENDOVER DR,WEST LEIGH	
CITY-ST-ZIP	CHARLOTTESVILLE VA	
TITLE	PDT	☐ DELETE
NAME	HAMMER, C D	
STREET ADDRESS	300 WELLINGTON DRIVE	
CITY-ST-ZIP	CHARLOTTESVILLE VA	
TITLE	VSD	☐ DELETE
NAME	FAULCONER, JAMES W, JR.	
STREET ADDRESS	2840 MEADOW VISTA DRIVE	
CITY-ST-ZIP	CHARLOTTSVILLE VA	
TITLE	S	☐ DELETE
NAME	BURCH, DON E	
STREET ADDRESS	929 LOCUST AVE	
CITY-ST-ZIP	CHARLOTTESVILLE VA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 1-30-96 804-973-4680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #