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

**PROFIT** CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F12340

THE CLUB HOUSE INC.

(8)

Se	ecret	ary	of	State

**FILED** 

Apr 30 1997 8:00am

Principal Place of Business Mailing Address  1515 UNIVERSITY DR. #120 1901 PRESTON TR CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071-776				1-7763						
						3. Date Incorporated or Qualified 12/19/1980	3a. Date of 1		port	
) <sub>1</sub>	Place of Business	2a, Mailing	Address			4. FEI Number			lied For	
Suite, Apt	t # oto	26 Suite A	Apt. #, etc.		<del></del>	59-2168557			Applicable dditional	
22		27	.pr, e.o.			5. Certificate of Status Desired		Fee Req		
City & Sta	ife	City & 5	State			6. Election Campaign Financing		5.00 N	Лау Ве	
23		28				Trust Fund Contribution		dded to		
Zip	Country	Zip		Country	,	8. This corporation has liability for i		nder s. 1	199.032,	
24	25   9, Name and Address of Curr	29 rent Registered Ac	gent	30		Florida Statutes  10. Name and Address of New Re				
Ċρ	EEN, ARTHUR J		, - 1, -	81	Name	100 1100 010 0100 0100 0100 0100			·····	
	DI UNIVERSITY DR			82	<b>.</b>	fress (P.O. Box Number is Not Acceptab	lo)		·	
	RAL SPRINGS FL FL 33071			0.2	Street Add	iress (P.O. Box Number is Not Acceptab	le)			
				83						
				84	City	·		Zip Co	ode	
					'	poration submits this statement for the p	PL	1		
SIGNATURE	Signature, typical or printed name of registered	agent and talk if applicable		E Registered Ag		ation's board of directors. I hereby acception and when refreshings	DATE			
12. Till:€	PD OFFICERS A	AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFIC			Addition	
NAME	GREEN, JODIE		L., Otter	1.2 NAME	1		_ ·	nu go	round.	
STREET ADDRESS	AND DOCATOR TO			1	ADDRESS					
C-TY - ST - ZIP	CORAL SPRINGS FL 33071			1.4 CITY-5	· 1					
TITLE			DELETE	2.1 TITLE			C	hange	Addition	
NAME				2.2 NAME						
STREET ADDRESS	;			2.3 STREET	ADDRESS					
City+\$1-ZiP				2. 4 CITY-	ST-ZIP					
111.6			DELETE	3.1 TITLE			∐ c	hange	Addition	
NAME				3.2 NAME	1					
STREET ADDRESS					ADDRESS					
CHY-ST-ZIP			DELETE	3.4 CITY-	ST-ZIP		. □ c	hande	Addition	
TITLE			FII DEFECTE	l · · ·			i (	ııdı iğü	L. MOURION	
NAME expert anomice				4 2 NAME	Į.					
STREET ADDRESS	<b>'  </b>			4.4 CITY-S	ADDRESS					
CITY - ST - ZIP TITLE			DELÉTE	5.1 TITLE	21 - £IF		L) c	hange	Addition	
NAM			·	52 NAME				-		
STREET ADDRESS					ADDRESS					
Crity - ST - ZIP				5.4 CITY - S						
TOLE			DELETE	6.1 TITLE		<u></u>	□ c	nange	Addition	
NAME				6.2 NAME	1					
STHEET ADDRESS					ADDRES\$					
CITY - ST - ZIP				6.4 CITY-S	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 attack point with an address.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

0157016