FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F21484** **(3)**

1. Corporation Name

CLUB COTTAGES MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
1555 PALM BCH. LKS. BLVD. #1100 P.O. BOX 3267 WEST PALM BEACH FL 33402	1555 PALM BCH. LKS. BLVD. #1100 P.O. BOX 3267 WEST PALM BEACH FL 33402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
02/27/1981	04/20/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number **59-2075424** ☐ 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	10. Name and Address of New Registered Agent
ECCLESTONE, E. LLWYD, JR. 1555 PALM BCH. LKS. BLVD. #1100 WEST PALM BEACH FL 33410	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	CPD	11 TITLE	☐ Change ☐ Addition
NAME	ECCLESTONE, E LLYWD, JR	12 NAME	
STREET ADDRESS	1555 PALM BCH LKS. BLVD.	13 STREET ADDRESS	
CITY ST ZIP	W PALM BEACH, FL 00000	14 CITY ST ZIP	
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	COOPER, RON	22 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD.	23 STREET ADDRESS	
CITY ST ZIP	W. PALM BEACH FL	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	DIETZ, WILLIAM, A	32 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD	33 STREET ADDRESS	
CITY ST ZIP	W PALM BCH FL	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	ECCLESTONE, E. L., III	42 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD	43 STREET ADDRESS	
CITY ST ZIP	W PALM BCH FL	44 CITY ST ZIP	
TITLE	~~AS~~	51 TITLE	☐ Change ☐ Addition
NAME	~~SOLOMON, DENNIS M.~~	52 NAME	
STREET ADDRESS	~~1555 PALM BCH LKS BLVD~~	53 STREET ADDRESS	
CITY ST ZIP	~~W PALM BCH FL~~	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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: Ron Cooper *Ron Cooper* 4/5/95 407/686-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0291660 CP