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Apr 23 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 # F21484 (3)

1. Corporation Name
CLUB COTTAGES MANAGEMENT COMPANY

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

Mailing Address
1555 PALM BCH. LKS. BLVD. #1100
P.O. BOX 3267
WEST PALM BEACH FL 33402-3267



3. Date Incorporated or Qualified 02/27/1981
3a. Date of Last Report 04/10/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number 59-2075424
Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	
NAME	ECCLESTONE, E LLWYD, JR	1.2 NAME	
STREET ADDRESS	1555 PALM BCH LKS. BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	COOPER, RON	2.2 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DIETZ, WILLIAM, A	3.1 TITLE	S
NAME		3.2 NAME	HELENA LEYENDECKER
STREET ADDRESS	1555 PALM BCH LKS BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	ECCLESTONE, E. L., III	4.2 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Ron Cooper 4/15/97 (561) 686-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)