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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000006249

CLUB DEVELOPMENT INC. OF GEORGIA

Principal Place of Business
150 CLEVELAND RD
BOGART GA 30622

Mailing Address

150 CLEVELAND RD BOGART GA 30622

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90223 026 ***150.00



Suite, Apt. #, etc. 2 Suite, Apt. #, etc. 3 Suite, Apt. #, etc. 4 Suite, Apt. #, etc. 5 Certificate of Status Desired \$8.75 Addition Fee Require City & State City	DUGANI GA JU	R22	DOGANT ON SUCZZ				DO NOT WRITE IN THIS SPACE			
2. Mulling Address 2. Mulling Address 3. Mulling Address 4. FEI Number Applied Security 2.							•			
Suite, Apt. #, etc. Soute, Apt. #, etc. Suite, Apt. #, etc. Soute, Apt. #, etc.	2 Principal Place of Rusiness 2a. Mailing Address								Ar	plied For
Suite, Apt. #, etc. 2 Suite, Apt. #, etc. 3 Suite,	Z. Friricipal Fil								<u> </u>	t Applicable
Security	··						30 2 103030			
City & State City & State City & State City & State City & State City & State City & State City & State Country Zip Z							5. Certifcate of Status Desired			
28	City & State	e					6. Election Campaign Financing		\$5.00	May Be
Zip	¬ ´		28				, <u> </u>	Ц	Added	to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 84 City 84 City 85 Lived Address (P.O. Box Number is Not Acceptable) 86 Livy FL 85 Zip Code 87 Cifice or registered agent, or both, in the State of Florida. Statistics, the above-named corporation submits this statement for the purpose of changing its registered agent, in the State of Florida. Statistics, the above-named corporation's board of directors. I hereby accept the appointment as register agent with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, you do represent agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 11. ITILE CPS DELETE 11. ITILE CPS DELETE 12. TITLE CPS DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 13. STREET ADDRESS CITY-ST-ZP DELETE 21. TITLE CPS DELETE 21. TITLE CPS DELETE 21. TITLE CPS DELETE 31. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 13. STREET ADDRESS CITY-ST-ZP CHANGE 32. STREET ADDRESS CITY-ST-ZP CHANGE 33. STREET ADDRESS CITY-ST-ZP CHANGE 34. CITY-ST-ZP CHANGE C		Country	_ +	Co	untry		8. This corporation owes the curre	ent year In	ntangible	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 507 1508, Florida Statutes. 12. Pursuant and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, hypes or printed name of 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 register agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, hypes or printed name of registered agent and title if applicable. (NOTE: Registered Agent synature required when remotating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 14. INLE BARRETT, JOHN H 150 CLEVELAND RD 13 STREET ADDRESS ORT-ST-ZP DELETE 13 STREET ADDRESS ORT-ST-ZP DELETE 21 TITLE 22 NAME 23 STREET ADDRESS ORT-ST-ZP TITLE AUME 32 NAME 33 RECET ADDRESS ORT-ST-ZP TITLE AUME 34 City FL 85 Zip Code Change Change DATE Change Cha		25	29	30			•	•		□No
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 84 City 85 Zip Code 86 City 87 Code 87 City 88 City	-			11	Т		10. Name and Address of New R	egistered	l Agent	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 Sala			<u>-</u>		81	Name				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 Sala	C T CORPORATION SYSTEM						(0.0.0			
PLANTATION FL 33324 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 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 register agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or protect name of registered agent and life of supclicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II TITLE CPS BARRETT, JOHN H 12. WAWE 150 CLEVELAND RD 13. SIRRETADORESS 150 CLEVELAND RD 13. SIRRETADORESS 150 CLEVELAND RD 13. SIRRETADORESS 14. City ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II TITLE CPS BARRETT, JOHN H 12. WAWE 150 CLEVELAND RD 13. SIRRETADORESS 14. City ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II TITLE CPS BARRETT, JOHN H 12. WAWE 12. WAWE 150 CLEVELAND RD 13. SIRRETADORESS 14. City ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II TITLE CPS BARRETT, JOHN H 12. WAWE 12. WAWE 12. WAWE 13. SIRRETADORESS 14. City ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II Change Change TITLE CPS 32. WAWE 33. SIRRETADORESS CITY-ST-ZP TITLE CPS 34. City ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II Change Change Change Change Change Change Change CHANGES CITY-ST-ZP TITLE CHANGES CHANGES CHANGES CHANGES CHANGES CITY-ST-ZP TITLE CHANGES CHANGES CHANGES CHANGES CHANGES CH						Street Addre	ess (P.O. Box Number is Not Accepta	DIe)		
The presuant 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 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 register 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 reensuing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II ITILE CPS DELETE 1.1 TITLE CPS BARRETT, JOHN H 12 PAWE 13 STREET ADDRESS CITY-ST-ZIP BOGART GA 30622 1.4 CITY-ST-ZIP DELETE 2.1 TITLE 2.2 YAME 2.2 YAME 2.3 STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE Change Change TITLE AMME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE AMME 3.3 STREET ADDRESS CITY-ST-ZIP Change CITY-ST-ZIP Change Change Change Change CHY-ST-ZIP Change CHY-ST-ZIP Change CHY-ST-ZIP Change CHY-ST-ZIP Change CHY-ST-ZIP Change Change CHY-ST-ZIP Change CHY-ST-ZIP Change CHY-ST-ZIP Change CHANGESS CITY-ST-ZIP Change CHANGESS CITY-ST-ZIP CHANGESS C					83				· 	
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 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 register 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 OFFICERS AND DIRECTORS II. ITITLE OFFICERS AND DIRECTORS II. ITITLE CPS DELETE 1.1 TITLE CPS DELETE 1.1 TITLE DELETE 1.1 TITLE DELETE 1.2 PAME STREET ADDRESS CITY-ST-ZIP DELETE 2.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP DELETE 2.4 GITY-ST-ZIP DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE Change Change TITLE A.1 TITLE DELETE 3.1 TITLE Change Change Change TITLE DELETE 3.1 TITLE Change Change Change Change Change Change TITLE DELETE 3.1 TITLE Change					84	City	n		85 Zip	Code
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of directors. I neitby accept the appointment as register agent, am familiar with, and accept the obligations of, Section 67.0505, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent and lithe if applicable. (NOTE: Registered Agent signature required when remistating) DATE						,			_	
Signature, typed or printed name of registered agent and lite if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 17.	office or re	egistered agent or both in the State	eof Florida. Such change was	authorize	ed by	the corporation	oration submits this statement for the n's board of directors. I hereby accep	purpose o t the appo	or changing its pintment as re	registered egistered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II TITLE CPS DARRETT, JOHN H 12 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 21 TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE CHANG	SIGNATURE	Structure typed or printed name of registered age	ent and title if applicable (NO	TF: Registere	d Ager	1 signature required	when reinstating)	DATE		
TITLE								ICERS A	ND DIRECTO	ORS IN 12
NAME STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZIP 150 CLEVELAND RD 13 STREET ADDRESS 14 CITY-ST-ZIP 171LE				1.1	TITLE				☐ Change	Addition
13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZIP		BARRETT, JOHN H 150 CLEVELAND RD 138								
1.4 CITY-ST-ZIP BOGART GA 30622					1.3 STREET ADDRESS					
TITLE										
NAME		BUGAHI GA 30622	C) DELETE	_		1-211			☐ Change	Addition
23 STREET ADDRESS 23 STREET ADDRESS 24 CITY-ST-ZIP			C) DETELE							
2.4 CITY-ST-ZIP	NAME									
DELETE DELETE 3.1 TITLE Change	STREET ADDRESS			23	STREET	f ADDRESS				
NAME	CITY-ST-ZIP					iT-ZIP			Change	Addition
3.3 STREET ADDRESS 3.4 CITY- ST-ZIP 34. CITY- ST-ZIP	TITLE	☐ DELETE 3.		3.1	MLE	İ			Change	
34.CITY-ST-ZIP 34.CITY-ST-ZIP Change C	NAME			3.2	NAME					
DELETE	STREET ADDRESS			3.3	STREET	FADDRESS	•			
NAME	CITY-ST-ZIP			3.4.						
STREET ADDRESS 4.3 STREET ADDRESS CITY- ST- ZIP 44 CITY- ST- ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME	TITLE	☐ DELETE		4.1	4.1 TITLE				Change	☐ Addition
CITY-ST-ZIP	NAME			4.2	NAME					
CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change	STREET ADDRESS			4.3	STREE	FADDRESS				
TITLE DELETE 5.1 TITLE Change				44	CITY-S	T-ZIP				
EDNAME			☐ DELETE						Change	Addition
	1			5.2	NAME					
STREET ADDRESS 5.3 STREET ADDRESS				5.3	STREET	f ADDRESS				
\$ 4.0TV ST 7ID				5.4	CITY-S	T-ZIP				
			DELETE						Change	☐ Addition
EDAME		[ت مروداد						- •	_
CASTRET ADDRES	1									
SIREEI ADDRESS	empret annoccel									
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 17 CITY-ST-ZIP 18 CITY-ST-ZIP 18 CITY-ST-ZIP 19 O7(3)(i). Florida Statutes, I further certify that the information stated in Section 119 07(3)(i). Florida Statutes, I further certify that the information stated in Section 119 07(3)(ii).	SIREEI ADDRESS					l l				

4. I 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 informatic 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 of the receiver of 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 the attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99 Date

Daytime Phone #