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

PROFIT CORPORATION ANNUAL REPORT

1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600003796

Principal Place of Business

CHARLOTTE GOLF MANAGEMENT COMPANY, INC.

175 KINGS HWY PT CHARLOTTE FL 33983 US 2. Principal Place of Business 21 Suite, Apt. #, etc.					22 SUNNINGDALE DR GROSSE POINTE SHORES MI 48236 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27						4	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 07/26/1996 4. FEI Number 38-3303479 Applied For Not Applicable 5. Certifcate of Status Desired \$8.75 Additional Fee Required									
23	City & State	,			City & State							6	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees								
24	Zip	Country Zip Co 25 29 30							Country	Personal Property Tax.							□ Ye	es	МNo		
Name and Address of Current Registered Agent											10. Name and Address of New Registered Agent										
ODD BOLICE A											Name										
ORR, BRUCE A 702 COUNTRY CLUB DR									82	5	Street A	Address (ddress (P.O. Box Number is Not Acceptable)								
LARGO FL 33771									83												
									84		City		-				-	FL	85	Zip (
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 re 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 regis agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Average of the provision of Sections 607.0502 and 607.0503 provided when principle to the purpose of changing its report of the purpose of changing its report of the provision of the purpose of changing its report of the purpose														registered gistered							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered										ı Sı	gnature re	ефинео мнея		-	HANG	ES TO) OF	FICERS A	ND DIE	RECTO	RS IN 12
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14. 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 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 pripap attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

JIRED

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90204 017 ***150.00