

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

pg. 1 of 2

97 SEP 19 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G50362 (4)
1. Corporation Name
INDIANWOOD GOLF AND COUNTRY CLUB, INC.

Principal Place of Business 14057 SW GOLF CLUB DR INDIANTOWN FL 34956 US	Mailing Address 14574 S.W. RAKE DRIVE INDIANTOWN FL 34956
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/19/1983	3a. Date of Last Report 04/17/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2359722		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**ROBINSON, BARNETT JR.
% ROBINSON & GREENBERG, P.A.
2255 GLADES RD, STE 319 ATRIUM
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	S <input type="checkbox"/> DELETE	1.1 TITLE	60000230156 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILLS, RICHARD I	1.2 NAME	-09/23/97--01098--014
STREET ADDRESS	PGA NATL 17 COMMODORE PL	1.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP	PALM BEACH GRDNS FL	1.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARGAY, CHARLES E	2.2 NAME	
STREET ADDRESS	9501 NW 108TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

CR2E034 (4/97)

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September 17, 1997

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Annual Corporation Report and Payment

Dear Sir or Madam:

I am writing to you in regard to the above report for the following corporations, which I am responsible for.

Indianwood Development Corp. ID# 59-2253258
Indianwood Golf & Country Club, Inc. ID# 59-2359722

I normally file these reports and pay the fees in May or June of each year (and I'm sure if you check your records you will find they have always been filed on time), however I never received the first notice in the mail and did not miss them. I realize I should have but our office is very small with only two people and we stay very busy. I received the second notice this past week either the 15th, 16th or 17th of September.

I called your office and asked them how to handle the situation and they instructed me to pay the \$165.00 and explain to you that I had not received the first notice, therefore I am sending you the \$165.00 for each company (in a separate check) as I was instructed to do and sending it by federal express so it will arrive at your office tomorrow.

If there are any questions or I need to do anything else, please contact me immediately at 1-800-521-3223 ext. 12 between 9:00 am and 3:00 pm Monday thru Friday.

Sincerely,

A handwritten signature in dark ink, appearing to read "Arlene Gaskin", written in a cursive style.

Arlene Gaskin
Controller