FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # G58235 (4)

1. Corporation Name
CLUB OPERATIONS AND PROPERTY MANAGEMENT, INC.

Principal Place of Business
207 W PARK AVENUE
PO BOX 10109
TALLAHASSEE FL 32302

Mailing Address
207 W PARK AVENUE
PO BOX 10109
TALLAHASSEE FL 32302

3. Date Incorporated or Qualified: 09/06/1983
3a. Date of Last Report: 06/14/1995

4. FEI Number: 59-2484146 ☐ 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

2. Principal Place of Business
21 5806 A Breckenridge Pkwy
Suite, Apt #, etc.
22
City & State
23 Tampa, FL 33610
Zip: 24 33610 Country: 25 USA

2a. Mailing Address
26 5806 A Breckenridge Pkwy
Suite, Apt #, etc.
27
City & State
28 Tampa, FL 33610
Zip: 29 33610 Country: 30 USA

9. **Name and Address of Current Registered Agent**

RICHARDSON, THOMAS K.
207 W PARK AVENUE
TALLAHASSEE FL 32302

10. **Name and Address of New Registered Agent**

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HORNE, WILLIAM E	
STREET ADDRESS	207 W PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	VPD	☐ DELETE
NAME	RICHARDSON, THOMAS K.	
STREET ADDRESS	207 W PARK AVENYE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Horne, William E	
1.3 STREET ADDRESS	5806 A Breckenridge Pkwy	
1.4 CITY-ST-ZIP	Tampa, FL 33610	
2.1 TITLE	VPD	☒ Change ☐ Addition
2.2 NAME	Richardson, Thomas K.	
2.3 STREET ADDRESS	5806 A Breckenridge Pkwy	
2.4 CITY-ST-ZIP	Tampa, FL 33610	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	Kraumanis, Sven	
3.3 STREET ADDRESS	5806 A Breckenridge Pkwy	
3.4 CITY-ST-ZIP	Tampa, FL 33610	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: [signature] SECRETARY 4/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #