FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:52

DOCUMENT # **H32500** **(1)**

1. Corporation Name

COUNTRY CLUB PROPERTIES OF VOLUSIA, INC.

Principal Place of Business	Mailing Address
% MARY JO GOLDSMITH 100 CLUBHOUSE CIR NEW SMYRNA BEACH FL 32168	% MARY JO GOLDSMITH 100 CLUBHOUSE CIR NEW SMYRNA BEACH FL 32169

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/04/1984
3a. Date of Last Report: 03/31/1994

2. Principal Place of Business	2a. Mailing Address
21 117 Sweet Bay Ave	26 117 Sweet Bay Ave
Suite, Apt. #, etc. 22 New Smyrna Bch Fl	Suite, Apt. #, etc. 27 New Smyrna Bch Fl
City & State 23 32168	City & State 28 32168
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2478148 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOLDSMITH, MARY JO ~~100 CLUBHOUSE CIR~~ ~~NEW SMYRNA BEACH FL 32168~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 117 Sweet Bay Ave 83 84 City: New Smyrna Bch FL 85 Zip Code: 32168

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: Mary Jo Goldsmith (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GOLDSMITH, MARY JO	12 NAME	
STREET ADDRESS	117 SWEET BAY AVENUE	13 STREET ADDRESS	
CITY ST ZIP	NEW SMYRNA BEACH FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GOLDSMITH, JOHN W.	22 NAME	
STREET ADDRESS	117 SWEET BAY AVENUE	23 STREET ADDRESS	
CITY ST ZIP	NEW SMYRNA BEACH FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	~~RAYMALEY, DORA LEE~~	32 NAME	
STREET ADDRESS	1095 CLUBHOUSE BLVD	33 STREET ADDRESS	
CITY ST ZIP	~~NEW SMYRNA BCH FL~~	34 CITY ST ZIP	remove
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	~~RAYMALEY, L CHALMERS~~	42 NAME	
STREET ADDRESS	1095 CLUBHOUSE BLVD	43 STREET ADDRESS	
CITY ST ZIP	~~NEW SMYRNA BCH FL~~	44 CITY ST ZIP	remove
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: Mary Jo Goldsmith 3/27/95 904-427-8806
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

0010330 CP