

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 # H62239

(9)

1. Corporation Name

KISSIMMEE GOLF CLUB, INC.



Principal Place of Business

3103 FLORIDA COACH DRIVE
KISSIMMEE FL 34741
US

Mailing Address

805 E. OAK STREET
KISSIMMEE FL 34744
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/17/1985

3a. Date of Last Report

04/25/1995

4. FEI Number

59-2560388

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 or intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

WEST, GERALDINE
805 E OAK STREET
KISSIMMEE FL 34744

81 Name

WEST, GERALDINE

82 Street Address (P.O. Box Number is Not Acceptable)

200 MONUMENT AVE SUITE A
WATERFRONT SQ

83

84 City

KISSIMMEE

FL

85 Zip Code

34741

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CREIGHTON, DAVID T.	
STREET ADDRESS	16113 E. COURSE DRIVE	
CITY-STATE-ZIP	TAMPA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BOWES, GEORGE S.	
STREET ADDRESS	503 BUSH DRIVE	
CITY-STATE-ZIP	ANCASTER ON	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	YETMAN, MALCOLM G.	
STREET ADDRESS	637 OAKWOOD AVE.	
CITY-STATE-ZIP	NORTH BAY, ONTARIO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOWES, LORRAINE E.	
STREET ADDRESS	503 BUSH DRIVE	
CITY-STATE-ZIP	ANCASTER ON	
TITLE	V	<input type="checkbox"/> DELETE
NAME	YETMAN, DONNA M.	
STREET ADDRESS	637 OAKWOOD AVENUE	
CITY-STATE-ZIP	NORTH BAY ON	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.S. BOWES

Jan 22/96 407-847-2816

CR2E034 (12/95)