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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:33

DOCUMENT # **J56488** **(6)**

1. Corporation Name
PALM VALLEY GOLF CLUB, INC.

Principal Place of Business	Mailing Address
1075 PALM VALLEY RD. PONTE VEDRA FL 32082 US	1075 PALM VALLEY RD. PONTE VEDRA FL 32082 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1987
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: 59-2773038 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip 24 Country 25
Zip 29 Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HORD, JACK C.
200 PHEASANT RUN
PONTE VERDE FL 32082

10. Name and Address of New Registered Agent

81 Name: Hord Jack C.
82 Street Address (P.O. Box Number is Not Acceptable): 46 Fisherman's Cove
83: Ponte Vedra Bch
84 City: FL 85 Zip Code: 32082

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: Jack C. Hord Jack C Hord President 1-10-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☑ Change ☐ Addition
NAME	HORD, JACK C.	12 NAME		
STREET ADDRESS	200 PHEASANT RUN	13 STREET ADDRESS	46 Fisherman's Cove	
CITY ST ZIP	PONTE VEDRA FL	14 CITY ST ZIP	Ponte Vedra Bch Fl 32082	
TITLE	ST	21 TITLE		☑ Change ☐ Addition
NAME	HORD, SUE	22 NAME		
STREET ADDRESS	200 PHEASANT RUN	23 STREET ADDRESS	46 Fisherman's Cove	
CITY ST ZIP	PONTE VEDRA FL	24 CITY ST ZIP	Ponte Vedra Bch Fl 32082	
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	HORD, CLIFFORD W.	32 NAME		
STREET ADDRESS	12140 BABBLING BROOK DR.	33 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
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/We 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 1 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: Jack C Hord Jack C Hord President 1-10-95 (904) 285-8978
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR) (Date) (Area Code & Daytime Phone Number)

0004625 CP