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

1. Corporation Name

PALM VALLEY GOLF CLUB, INC.

Principal Place of Business

1075 PALM VALLEY RD.
PONTE VEDRA FL 32082
US

Mailing Address

1075 PALM VALLEY RD.
PONTE VEDRA FL 32082
US

3. Date Incorporated or Qualified: **02/04/1987**

3a. Date of Last Report: **01/17/1995**

4. FEI Number: **59-2773038** ☐ 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 Street Address

22 City & State

23 Zip 24 County 25

2a. Mailing Address

26 Street Address

27 City & State

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

HORD, JACK C
46 FISHERMAN'S COVE
PONTE VEDRA BEACH FL 32082

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 Section 607.0502 and F.S. 15.16, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	P	☑ Change ☐ Addition
NAME	HORD, JACK C.		12 NAME	HORD, JACK C.	
STREET ADDRESS	46 FISHERMAN'S COVE		13 STREET ADDRESS	8196 Seven Mile Dr.	
CITY ST ZIP	PONTE VEDRA BEACH FL		14 CITY ST ZIP	Ponte Vedra Beach, Fl. 32082	
TITLE	ST	☐ DELETE	21 TITLE	ST	☑ Change ☐ Addition
NAME	HORD, SUE		22 NAME	HORD, SUE	
STREET ADDRESS	46 FISHERMAN'S COVER		23 STREET ADDRESS	8196 Seven Mile Dr.	
CITY ST ZIP	PONTE VEDRA BEACH FL		24 CITY ST ZIP	Ponte Vedra Beach, Fl. 32082	
TITLE	VP	☐ DELETE	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		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY ST ZIP			44 CITY ST ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY ST ZIP			54 CITY ST ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY ST ZIP			64 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)(i), Florida Statutes. I further certify that the information indicated on this 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: Susanne Hord **Susanne Hord** 1-17-95 (904) 285-8978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #