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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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	Mailing Address
1075 PALM VALLEY RD. **PONTE VEDRA FL 32082** **US**	**1075 PALM VALLEY RD.** **PONTE VEDRA FL 32082-4319** **US**

3. Date Incorporated or Qualified: **02/04/1987**
3a. Date of Last Report: **01/23/1996**

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	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 — Country 25	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): 8196 Seven Mile Dr.

83

84 City: Ponte Vedra Beach **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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	HORD, JACK C.		1.2 NAME	Hord, Benjamin C.	
STREET ADDRESS	8196 SEVEN MILE DR.		1.3 STREET ADDRESS	8196 Seven Mile Dr.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CITY-ST-ZIP	Ponte Vedra Beach FL.	
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HORD, SUE		2.2 NAME		
STREET ADDRESS	8196 SEVEN MILE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HORD, CLIFFORD W.		3.2 NAME		
STREET ADDRESS	12140 BABBLING BROOK DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 a 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: Jack C. Hord — Jack C. Hord — 1-6-97 — 9042858978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #