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FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J96218

(9)

1. Corporation Name

GLEN ABBEY GOLF CLUB, INC.

Principal Place of Business

Mailing Address

391 NORTH PINE MEADOW DRIVE
DEBARY FL 32713

391 NORTH PINE MEADOW DRIVE
DEBARY FL 32713-2303



3. Date Incorporated or Qualified

10/05/1987

3a. Date of Last Report

04/04/1996

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

4. FEI Number

59-2850435

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

PAUL, HARLAN L.
431 EAST NEW YORK AVENUE
DELAND FL 32724

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 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 of officer or principal shareholder of corporation 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

PST

☐ DELETE

NAME
MCCONNELL, ALEXANDER H.
STREET ADDRESS
391 N. PINE MEADOW DRIVE
CITY-ST-ZIP
DEBARY FL

1.1 TITLE

P/S

☒ Change

☐ Addition

1.2 NAME

MCCONNELL, ALEXANDER H.

1.3 STREET ADDRESS

SAME

1.4 CITY-ST-ZIP

TITLE

VD

☐ DELETE

NAME
MCCONNELL, CAROLINE S.
STREET ADDRESS
391 N. PINE MEADOW DRIVE
CITY-ST-ZIP
DEBARY FL

2.1 TITLE

V/T/D

☒ Change

☐ Addition

2.2 NAME

MCCONNELL, CAROLINE S.

2.3 STREET ADDRESS

SAME

2.4 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME
MCCONNELL, ALEXANDER H.
STREET ADDRESS
391 N. PINE MEADOW DRIVE
CITY-ST-ZIP
DEBARY FL

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 for on an attachment with an address.

SIGNATURE:

A. H. MCCONNELL President

1/6/97 (407) 668-4209

0078272

CR2E034 (9/96)