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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K65985** **(9)**

1. Corporation Name

DIAMONDBACK GOLF CLUB, INC.

Principal Place of Business	Mailing Address
6501 SR 544E HAINES CITY FL 33844 US	6501 SR 544E HAINES CITY FL 33844 US

3. Date Incorporated or Qualified: **02/15/1989**
3a. Date of Last Report: **03/10/1995**

2. Principal Place of Business (21): Suite, Apt. #, etc (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **59-2942732** ☐ 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

SCOTT, ROBERT
123 FAIRWAY DR
HAINES CITY FL 33844

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 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) (Both Registered Agent signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SCOTT, ROBERT		1.2 NAME	Futch, R.S.	
STREET ADDRESS	123 FAIRWAY DR		1.3 STREET ADDRESS	1238 S.E. 5th Street	
CITY-ST-ZIP	HAINES CITY FL		1.4 CITY-ST-ZIP	OCALA, FL. 34471	
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OSBORNE, W B		2.2 NAME		
STREET ADDRESS	110 FAIRWAY DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DEHAVEN, ROBERT		3.2 NAME		
STREET ADDRESS	23 HUNTLEY COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAVID, JOHN		4.2 NAME		
STREET ADDRESS	105 TUXFORD DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DUNIGAN, JOSEPH		5.2 NAME		
STREET ADDRESS	214 FAIRWAY DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	NEWGENT, J.S.		6.2 NAME		
STREET ADDRESS	1881 PLEASENT HILL RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMEE FL		6.4 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 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, or on an attachment with an address.

SIGNATURE: Robert G. Scott President — 6-12-96 — 941-421-0437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #