

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K66302 (6)

1. Corporation Name

OKEECHOBEE CHAMPIONSHIP GOLF, INC.



Principal Place of Business

2100 EMERALD DUNES DRIVE
WEST PALM BEACH FL 33411

Mailing Address

2100 EMERALD DUNES DRIVE
WEST PALM BEACH FL 33411

3. Date Incorporated or Qualified

02/16/1989

3a. Date of Last Report

01/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0115196

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

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

CHERRY, RICHARD G.
1665 PALM BEACH LAKES BLVD.
SUITE 600
WEST PALM BEACH FL 33401

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE

NAME FINCH, RAYMON R., JR.
STREET ADDRESS 2100 EMERALD DUNES DR.
CITY-ST-ZIP W PALM BCH. FL

TITLE DPT ☐ DELETE

NAME FINCH, RAYMON R., III
STREET ADDRESS 2100 EMERALD DUNES DR.
CITY-ST-ZIP W PALM BCH. FL

TITLE S ☐ DELETE

NAME FINCH, RAYMON R., III
STREET ADDRESS 2100 EMERALD DUNES DR.
CITY-ST-ZIP W PALM BCH. FL

TITLE SDC ☐ DELETE

NAME OWENS, JOHN C.
STREET ADDRESS 116 CHINOE ROAD
CITY-ST-ZIP LEXINGTON KY

TITLE DST ☐ DELETE

NAME OWENS, JOHN R.
STREET ADDRESS 653 TEAKWOOD
CITY-ST-ZIP LEXINGTON KY

TITLE D ☐ DELETE

NAME FAZIO, TOM
STREET ADDRESS 109 S MAIN ST
CITY-ST-ZIP HENDERSONVILLE NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond R. Finch, II

3/3/96

(407) 687-1700

CR2E034 (12/95)