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FILED

Jan 17 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 # 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 33411-2707



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified  
02/16/1989

3a. Date of Last Report  
03/08/1996

4. FEI Number  
65-0115196

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

CHERRY, RICHARD G.  
1865 PALM BEACH LAKES BLVD.  
SUITE 600  
WEST PALM BEACH FL 33401

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)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	FINCH, RAYMON R., JR.	
STREET ADDRESS	2100 EMERALD DUNES DR.	
CITY-ST-ZIP	W PALM BCH. FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	FINCH, RAYMON R., III	
STREET ADDRESS	2100 EMERALD DUNES DR.	
CITY-ST-ZIP	W PALM BCH. FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FINCH, RAYMON R., III	
STREET ADDRESS	2100 EMERALD DUNES DR.	
CITY-ST-ZIP	W PALM BCH. FL	
TITLE	SDC	<input checked="" type="checkbox"/> DELETE
NAME	OWENS, JOHN C.	
STREET ADDRESS	116 CHINOE ROAD	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	OWENS, JOHN R.	
STREET ADDRESS	653 TEAKWOOD	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	D	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/97

561-687-1700

CR2E034 (9/96)