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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03902 (

MARSH CREEK COUNTRY CLUB REALTY, INC.

FILED Mar 24 1998 8:00am Secretary of State

WARRIOT CHEEK COOKITY CLOD REALTY, INC.	
Principal Place of Business Mailing Address	DELON 14410 1904 DOUIN 1454 AINII NAKII AINII NAKII AINII NANII NINII NANII 1891
88 MARSHSIDE DR. 88 MARSHSIDE DR.	
ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084	
	DO NOT WRITE IN THIS SPACE
l	rated or Qualified
07/21/198	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 59-2963	
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of	Status Desired Status Desired Status Desired
27 5. Certificate of City & State City & State & Flection Cam	Fee Required
	ion owes or has paid the current year Intangible perty Tax due June 30.
	ddress of New Registered Agent
BARBOUR, GREGORY J. 81 Name	
90 MADEUCIDE DD	
ST. AUGUSTINE FL 32084	per 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	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of direct agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed menic of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating)	DATE
	HANGES TO DEFICERS AND DIRECTORS IN 12
TITLE D DELETE 11 11 TITLE	HANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE D 1.1 TITLE 1.2 DELETE 1.1 TITLE 1.2 NAME O'STEEN, ROGER M. 1.2 NAME	
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14. Thereby 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 on an attachment with an address.

SIGNATURE:

Dulii Kandall

Julie Randa

3-16-94

904-471-4343