FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # L38952 (2)

1. Corporation Name
ST. LUCIE WEST CLUB MANAGEMENT, INC.

Principal Place of Business
951 S.W. COUNTRY CLUB DRIVE
PORT ST. LUCIE FL 34986

Mailing Address
951 S.W. COUNTRY CLUB DRIVE
PORT ST LUCIE FL 34986

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1989
3a. Date of Last Report: 06/06/1994
4. FEI Number: 65-0166529 — 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. ☐ Yes ☐ No

2. Principal Place of Business: 21 / Suite, Apt. #, etc.: 22 / City & State: 23 / 24 / 25
2a. Mailing Address: 26 / Suite, Apt. #, etc.: 27 / City & State: 28 / 29 / 30

9. Name and Address of Current Registered Agent

GILDAN, LAURIE L ESQ.
C/O GREENBERG, TRAURIG, ET AL
777 S. FLAGLER DRIVE, #310-E
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Hegener, Paul J.
82 Street Address (P.O. Box Number is Not Acceptable): 590 N.W. Peacock Blvd., Suite 3
83
84 City: Port St. Lucie FL 85 Zip Code: 34986

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] Paul J. Hegener, President 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	PD	☐ Change ☐ Addition
NAME	HEGENER, PAUL J	
STREET ADDRESS	951 S.W. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE	V	☒ Change ☐ Addition
NAME	CUNNINGHAM, CHARLES E	DELETE
STREET ADDRESS	951 S.W. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE	T	☐ Change ☐ Addition
NAME	ANDERSON, JIM	
STREET ADDRESS	951 S.W. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE	V	☐ Change ☐ Addition
NAME	BABCOCK, THOMAS A	
STREET ADDRESS	951 S.W. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE	D	☐ Change ☐ Addition
NAME	BELZBERG, SAMUEL	
STREET ADDRESS	951 S.W. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE	D	☐ Change ☐ Addition
NAME	HANNESSON, MICHAEL	
STREET ADDRESS	951 S.W. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	

14. I the undersigned, certify that the information supplied with this filing [illegible] and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: [signature], Treasurer 4/28/95 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jim Anderson

0383078 CP