

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L83129 (1)
 1. Corporation Name
CITRUS SPRINGS GOLF & COUNTRY CLUB, INC.



Principal Place of Business 8680 NORTH GOLFVIEW DRIVE CITRUS SPRINGS FL 34430	Mailing Address 8918 ORCHARD HILLS RD JACKSONVILLE FL 32256-1471 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/25/1990	3a. Date of Last Report 04/22/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3015994		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HAMMAKER, SAEKO M 8918 ORCHARD HILLS RD JACKSONVILLE FL 32256				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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 _____ DATE _____
Signature type: For printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRUKAWA, NOBUYOSHI	1.2 NAME	
STREET ADDRESS	264 SAKURADI, NAKAYAMA	1.3 STREET ADDRESS	
CITY- ST- ZIP	TAKARAZUKA-HYOGO 665	1.4 CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRUKAWA, YASUYUKI	2.2 NAME	
STREET ADDRESS	264 SAKURADI, NAKAYAMA	2.3 STREET ADDRESS	
CITY- ST- ZIP	TAKARAZUKA-HYOGO 665	2.4 CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRUKAWA, TAKASHI	3.2 NAME	
STREET ADDRESS	264 SAKURADI, NAKAYAMA	3.3 STREET ADDRESS	
CITY- ST- ZIP	TAKARAZUKA-HYOGO 665	3.4 CITY- ST- ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRUKAWA, MICHIO	4.2 NAME	
STREET ADDRESS	264 SAKURADI, NAKAYAMA	4.3 STREET ADDRESS	
CITY- ST- ZIP	TAKARAZUKA-HYOGO 665	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 on an attachment with an address.

SIGNATURE: *Saeiko M. Hammaker* *General Assistant to the President* 3/18/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)