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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

L83129

CITRUS SPRINGS GOLF & COUNTRY CLUB, INC.

Country

9. Name and Address of Current Registered Agent

25

HAMMAKER, SAEKO M 9918 ORCHARD HILLS RD

JACKBONVILLE FL 32256

Principal Place of Business

£

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

 $Z_{\rm IP}$

Suite, Apt. #, etc.

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8690 NORTH GOLFVIEW DRIVE CITRUS SPRINGS FL 34430

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

9918 ORCHARD HILLS RD JACKSONVILLE FL 32256

FILED Apr 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/25/1990 4. FEI Number Applied For 59-3015994 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 🔀 No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

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.

Country

61

83 84 City

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change ___ Addition HIRUKAWA, NOBUYOSHI NAME 1.2 NAME 264 SAKURADI, NAKAYAMA STREET ADDRESS 1.3 STREET ADDRESS TAKARAZUKA-HYOGO 685 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE Addition HIRUKAWA, YASUYUKI 2.2 NAME 264 SAKURADI, NAKAYAMA STREET ADDRESS 2.3 STREET ADDRESS TAKARAZUKA-HYOGO 665 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME HIRUKAWA, TAKASHI 3.2 NAME 264 SAKURADI, NAKAYAMA STREET ADDRESS 3.3 STREET ADDRESS TAKARAZUKA-HYOGO 685 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE ■ Addition HIRUKAWA, MICHIKO NAME 4. 2 NAME 264 SAKURADI, NAKAYAMA STREET ADDRESS 4.3 STREET ADDRESS TAKARAZUKA-HYOGO 685 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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 atlachment with an address.