

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **M73922** (0)
1. Corporation Name
FOXWOOD COUNTRY CLUB OF CRESTVIEW, INC.



Principal Place of Business 4927 ANTIOCH RD. CRESTVIEW FL 32536	Mailing Address 4927 ANTIOCH RD. CRESTVIEW FL 32536-9279
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1988		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2886880		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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CAMPBELL, FERRIN C., SR. 335 N MAIN STREET P. O. BOX 848 CRESTVIEW FL 32536				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROCK, HURDIS			12 NAME	Cadenhead, Chris		
STREET ADDRESS	308 ADAMS DR			13 STREET ADDRESS	420 East Pine Ave		
CITY - ST - ZIP	CRESTVIEW FL			14 CITY - ST - ZIP	CRESTVIEW FL 32539		
TITLE	D	<input type="checkbox"/> DELETE		21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HANNA, WILLIAM			22 NAME	Ward, James		
STREET ADDRESS	112 GOLF COURSE DR			23 STREET ADDRESS	5698 Old Bethel Rd		
CITY - ST - ZIP	CRESTVIEW FL			24 CITY - ST - ZIP	CRESTVIEW FL 32536		
TITLE	STD	<input type="checkbox"/> DELETE		31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARNHILL, WILLIAM A.			32 NAME	Garrett, Carl		
STREET ADDRESS	5847 BUCK WARD RD			33 STREET ADDRESS	242 La Fite Crescent		
CITY - ST - ZIP	BAKER FL			34 CITY - ST - ZIP	FORT WALTON BEACH, FL 32548		
TITLE	D	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HESTER, JUNIOR			42 NAME			
STREET ADDRESS	WILDER RD			43 STREET ADDRESS			
CITY - ST - ZIP	NICEVILLE FL			44 CITY - ST - ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARR, HOWARD			52 NAME			
STREET ADDRESS	BLACKJACK FOUNTAIN ROAD			53 STREET ADDRESS			
CITY - ST - ZIP	BAKER FL			54 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRY WARD			62 NAME			
STREET ADDRESS	15 CARL BRANDT DR			63 STREET ADDRESS			
CITY - ST - ZIP	SHALIMAR F			64 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 (904) 682 5191
Date Daytime Phone #

CR2E034 (9/96)