FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N00944   (1)

1. Corporation Name

LAKELAND WINTER CLUB, INC.

Principal Place of Business	Mailing Address
700 E. ORANGE STREET LAKELAND FL 33801	1527 DOGWOOD DRIVE LAKELAND FL 33801

3. Date Incorporated or Qualified **01/17/1984**	3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number **59-1024699**	Applied For
21		26			Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CLARK, MURL M. 1527 DOGWOOD DRIVE LAKELAND FL 33803-3380	81	Name	
	82	Street Address (P.O. Box Number is Not Acceptable)	
	83		
	84	City **FL**	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐DELETE	1 1 TITLE		☐ Change	☐ Addition
NAME	WAINWRIGHT, LARRY		1 2 NAME			
STREET ADDRESS	3 D D ST.,		1 3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL		1 4 CITY-ST-ZIP			
TITLE	SD	☐DELETE	2 1 TITLE		☐ Change	☐ Addition
NAME	KUZMA, ANN		2 2 NAME			
STREET ADDRESS	3325 BARTOW RD 92		2 3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL		2 4 CITY-ST-ZIP			
TITLE	TD	☐DELETE	3 1 TITLE		☐ Change	☐ Addition
NAME	CLARK, MURL		3 2 NAME			
STREET ADDRESS	1527 DOGWOOD DRIVE		3 3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33801		3 4 CITY-ST-ZIP			
TITLE	D	☐DELETE	4 1 TITLE		☐ Change	☐ Addition
NAME	WAINWRIGHT, HILDA		4 2 NAME			
STREET ADDRESS	3 D-D STREET		4 3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33801		4 4 CITY-ST-ZIP			
TITLE	VD	☐DELETE	5 1 TITLE		☐ Change	☐ Addition
NAME	HINAN, WILBERT		5 2 NAME			
STREET ADDRESS	4474 ALVAMAR TRAIL		5 3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL		5 4 CITY-ST-ZIP			
TITLE	D	☐DELETE	6 1 TITLE		☐ Change	☐ Addition
NAME	RICE, BRIAN		6 2 NAME			
STREET ADDRESS	375 BRANNON RW W.		6 3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL		6 4 CITY-ST-ZIP			

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _Murl M. Clark Treas_   _Jan. 23, 1996_   _941-666-3070_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #