FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FILED

95 MAY 22 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01050

1. Corporation Name: EVERGLADES CITY CLUB Lodge & VILLAS II CONDOMINIUM ASSOCIATION, INC.

600001439826
-05/24/95--01032--007
****130.00 ****130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
BUCKNER AVE EVERGLADES CITY, FL 33929	536 W. PAR ST. ORL, FL 32804

3. Date Incorporated or Qualified: JAN 24, 1984
3a. Date of Last Report: FEB 1994

2. Principal Place of Business
21 BUCKNER AVE.
22 Suite, Apt. #, etc: 810
23 City & State: EVERGLADES CITY, FL
24 Zip: 33929 25 Country: U.S.A

2a. Mailing Address
26 536 W. PAR ST.
27 Suite, Apt. #, etc:
28 City & State: ORLANDO, FL
29 Zip: 32804 30 Country: U.S.A.

4. FEI Number: 65-0079825 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RAYMOND BURRIS
536 W. PAR ST.
ORLANDO, FL 32804

10. Name and Address of New Registered Agent

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 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: RAYMOND BURRIS (Typed or printed name of registered agent and title if applicable) Raymond Burris (NOTE: Registered Agent signature required when changing) DATE: 2/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		11 TITLE D 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	PRESIDENT PAUL HEDING 45 RED HILL RD BRYSON CITY, NC 28713	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE D 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	V. PRESIDENT RAY MILLER 365 HIRTZEL RD. WARREN, PA. 16365	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE D 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	TREASURER RAYMOND BURRIS 536 W. PAR ST ORL, FL 32804	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	SECRETARY DOROTHY EWING 101 FAIRLOMY CIRCLE SMYRNA, DE 19977	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	BOARD MEMBER KERRY GRAY 18615 HAUNAU RD NEW BOSTON, MI 48164	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	REMITTED BY MAY 1 RC	☐ Change ☐ Addition

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)(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 above, if applicable, or on an attachment with an address.

SIGNATURE: Raymond Burris (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 2/24/95 Daytime Phone: 407-422-6045