

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01050** (6)  
1. Corporation Name  
**EVERGLADES CITY CLUB LODGE & VILLAS II CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>BUCKNER AVE SUITE 811 EVERGLADES CITY FL 33929</b>	Mailing Address <b>P.O. BOX 301 NEW BOSTON MI 48164</b>
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3. Date Incorporated or Qualified <b>01/24/1984</b>	4. FEI Number <b>65-0079825</b>	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 <b>34139</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 <b>Country</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAY, BURRIS  
536 W. PAR STREET  
ORLANDO FL 32804**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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 <b>GREENE, ABBOTT</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BUCKNER AVE SUITE 821</b>	1.2 NAME	<b>Russell Reay</b>
STREET ADDRESS	<b>EVERGLADES CITY FL 33929</b>	1.3 STREET ADDRESS	<b>18615 Hannan Road</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>New Boston MI 48164</b>
TITLE	VD <b>REAY, RUSSELL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>18615 HANNAN RD</b>	2.2 NAME	<b>Ray Burris</b>
STREET ADDRESS	<b>NEW BOSTON MI</b>	2.3 STREET ADDRESS	<b>536 W. Par Street</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Orlando FL 32804</b>
TITLE	TD <b>CHOBOT, KERRIE</b> <input type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>18615 HANNAN RD</b>	3.2 NAME	
STREET ADDRESS	<b>NEW BOSTON MI</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD <b>GREENE, NANCY</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BUCKNER AVE, STE 821</b>	4.2 NAME	<b>Ken Kuzmick</b>
STREET ADDRESS	<b>EVERGLADES CITY FL</b>	4.3 STREET ADDRESS	<b>1001 Blackwood Street</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Altamonte Springs FL 32701</b>
TITLE	D <b>LAMB, RICHARD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>4216 JEFFERSON ST</b>	5.2 NAME	
STREET ADDRESS	<b>HOLLYWOOD FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED**

313/  
March 17, 1998 980-5

CR2E037 (10/97)