
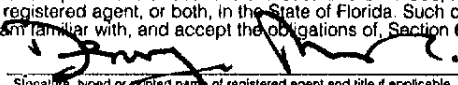
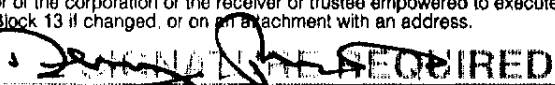


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Murtham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N11748 (3) 1. Corporation Name HAWK'S NEST GOLF CLUB, INC.			
Principal Place of Business 6005 OLD DIXIE HIGHWAY VERO BEACH FL 32967-7528		Mailing Address 6005 OLD DIXIE HIGHWAY VERO BEACH FL 32967-7528	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
25		30	
3. Date Incorporated or Qualified 10/25/1985		3a. Date of Last Report 03/25/1996	
4. FEI Number 65-0081639		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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		10. Name and Address of New Registered Agent	
GILMOUR, JOHN V 6005 OLD DIXIE HIGHWAY VERO BEACH FL 32967		81 Name Derwyn Phillips 82 Street Address (P.O. Box Number is Not Acceptable) 1250 W. Southwinds Blvd., #317 83 84 City Vero Beach FL 85 Zip Code 32963	
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  Signatures, 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 <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFEIFFER, EDWIN W	1.2 NAME	William G. Cairns
STREET ADDRESS	1760 PELICAN WAY	1.3 STREET ADDRESS	5790 N. AIA, 8A
CITY-ST-ZIP	VERO BEACH FL 32963	1.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ALAN	2.2 NAME	John MacLean
STREET ADDRESS	681 LAKE DRIVE	2.3 STREET ADDRESS	139 Anchor Drive
CITY-ST-ZIP	VERO BEACH FL 32963	2.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMOUR, JOHN V	3.2 NAME	Derwyn Phillips
STREET ADDRESS	716 SANDFLY LANE	3.3 STREET ADDRESS	1250 W. Southwinds Blvd., #317
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIRNS, WILLIAM G	4.2 NAME	Samuel C. Stowell
STREET ADDRESS	5400 N. AIA, F21	4.3 STREET ADDRESS	8789 E. Orchid Island Circle
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)

Date

Daytime Phone # 0021031