FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13701 (0)

1. Corporation Name
ALAQUA COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
3060 PLAYERS POINT LONGWOOD FL 32779	3060 PLAYERS POINT LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1986
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2655397 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

A.G.C. CO.
200 S. ORANGE AVE.
#2300
ORLANDO FL 32801

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT "D"	☒ Change ☐ Addition
NAME	DEGROOTE, MICHAEL H	12 NAME	SHELDIN ABOFF	
STREET ADDRESS	1100 BURLOAK DRIVE, GARDEN LEVEL	13 STREET ADDRESS	2313 ALAQUA DRIVE	
CITY-ST-ZIP	BURLINGTON ON	14 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	VD	21 TITLE	VICE PRESIDENT "D"	☒ Change ☐ Addition
NAME	DEGROOTE, GARY W	22 NAME	DAVID PLATT	
STREET ADDRESS	1100 BURLOAK DRIVE, GARDEN LEVEL	23 STREET ADDRESS	2363 ALAQUA DRIVE	
CITY-ST-ZIP	BURLINGTON ON	24 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	VD	31 TITLE	SECRETARY "D"	☒ Change ☐ Addition
NAME	LUCHAK, FRED	32 NAME	DAN HITT	
STREET ADDRESS	11 VICTORIA STREET, P.O. BOX HM 1065	33 STREET ADDRESS	2020 ALAQUA DRIVE	
CITY-ST-ZIP	HAMILTON HMEX BE	34 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	VTD	41 TITLE	TREASURER "D"	☒ Change ☐ Addition
NAME	PEKARUK, JERRY	42 NAME	CRAIG RATICK	
STREET ADDRESS	1100 BURLOAK DRIVE, GARDEN LEVEL	43 STREET ADDRESS	3141 PENWA CT.	
CITY-ST-ZIP	BURLINGTON ON	44 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	V	51 TITLE		☒ Change ☐ Addition
NAME	KAYE, STUART G	52 NAME		
STREET ADDRESS	3060 PLAYERS POINT	53 STREET ADDRESS	delete	S00001522265
CITY-ST-ZIP	LONGWOOD FL	54 CITY-ST-ZIP		-06/23/95--01078--019
				****130.00 ****130.00
TITLE	S SO	61 TITLE		☒ Change ☐ Addition
NAME	SEXTON, DAVID N	62 NAME	delete	
STREET ADDRESS	1167 THIRD ST. SO	63 STREET ADDRESS	REMITTED BY MAY 1	CH
CITY-ST-ZIP	NAPLES FL	64 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/28/95 800193704 16
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0032493