

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13701 (0)

1. Corporation Name

ALAUQA COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

3060 PLAYERS POINT
LONGWOOD FL 327793060 PLAYERS POINT
LONGWOOD FL 32779-3120

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/05/1986		3a. Date of Last Report 05/01/1996	
21		26		4. FEI Number 59-2655397		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		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 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 <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, MARTIN	1.2 NAME	WURL, DANIEL
STREET ADDRESS	2099 ACKOLA POINT	1.3 STREET ADDRESS	2464 ALAUQA DRIVE
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WURL, DANIEL	2.2 NAME	SMITH, BARY
STREET ADDRESS	2464 ALAUQA DR	2.3 STREET ADDRESS	2369 ALAUQA DRIVE
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANNING, LARRY	3.2 NAME	DOUGLASS LOVEDAY
STREET ADDRESS	1476 FARRINDON CIRCLE	3.3 STREET ADDRESS	810 PADDINGTON TERRACE
CITY-ST-ZIP	HEATHROW FL	3.4 CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TREASURER D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLANTE, JERRY	4.2 NAME	DAVID PLATT
STREET ADDRESS	3230 TALA LOOP	4.3 STREET ADDRESS	2863 ALAUQA DRIVE
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	LONGWOOD, FL 32779
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97

Date

Daytime Phone #0012260

CR2E037 (9/96)