
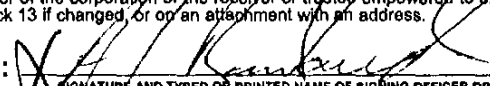


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N13701 (0) 1. Corporation Name ALAUCA COUNTRY CLUB, INC.			
Principal Place of Business 3060 PLAYERS POINT LONGWOOD FL 32779		Mailing Address 3060 PLAYERS POINT LONGWOOD FL 32779	
2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 03/05/1986			
4. FEI Number 59-2655397			
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			
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> No			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE NAME WURL, DANIEL STREET ADDRESS 2484 ALAUCA DR CITY-ST-ZIP LONGWOOD FL		1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME ROWLAND, AL 1.3 STREET ADDRESS 3130 YATIKKA PLACE 1.4 CITY-ST-ZIP LONGWOOD, FL 32779	
TITLE VD <input checked="" type="checkbox"/> DELETE NAME SMITH, GARY STREET ADDRESS 2369 ALAUCA DR CITY-ST-ZIP LONGWOOD FL		2.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME ASPINWALL, MARK 2.3 STREET ADDRESS 3047 TOTIKA DRIVE 2.4 CITY-ST-ZIP LONGWOOD, FL 32779	
TITLE SD <input checked="" type="checkbox"/> DELETE NAME LOVEDA, DOUGLASS STREET ADDRESS 860 PADDINGTON TERR CITY-ST-ZIP HEATHROW FL		3.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME DOBSON, RONALD 3.3 STREET ADDRESS 3057 TIMPANA PT. 3.4 CITY-ST-ZIP LONGWOOD, FL 32779	
TITLE TD <input checked="" type="checkbox"/> DELETE NAME PLATT, DAVID STREET ADDRESS 2383 ALAUCA DR CITY-ST-ZIP LONGWOOD FL		4.1 TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME KAPLAN, HAROLD 4.3 STREET ADDRESS 660 CRICKLEWOOD TER. 4.4 CITY-ST-ZIP HEATHROW, FL	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7-9-98 407.3332582 Date Daytime Phone #	

000234

CR2E037 (5/98)