

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # N14025 (3)**  
1. Corporation Name  
**ABERDEEN GOLF & COUNTRY CLUB, INC.**



Principal Place of Business: **8251 ABERDEEN DR. BOYNTON BEACH FL 33436-1405 US**  
Mailing Address: **4812 S. MILL AVE ATTN<: LEGAL DEPARTMENT TEMPE AZ 85282 US**

3. Date Incorporated or Qualified: **03/26/1986**  
3a. Date of Last Report: **08/10/1995**  
4. FEI Number: **59-2666160**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**HAMMERSLEY, WILLIAM  
4965 LE CHALET BLVD.  
BOYNTON BCH. FL 33437**

10. Name and Address of New Registered Agent  
**81 Name: Al Kinkle**  
**82 Street Address (P.O. Box Number is Not Acceptable): Aberdeen Golf & Country Club**  
**83 8251 Aberdeen Dr.**  
**84 City: Boynton Beach FL 85 Zip Code: 33437**

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 officer 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: *Al Kinkle* DATE: *4/24/96*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAMMERSLEY, WILLIAM	
STREET ADDRESS	4965 LE CHALET BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BLACK, CHARLES M.	
STREET ADDRESS	4965 LE CHALET BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LARSON, THOMAS W.	
STREET ADDRESS	4965 LECHALET BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Haarer, Gary D.	
13 STREET ADDRESS	4812 S. Mill Avenue	
14 CITY-ST-ZIP	Tempe, AZ 85282	
21 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Upton, Mark R.	
23 STREET ADDRESS	4820 S. Mill Avenue	
24 CITY-ST-ZIP	Tempe, AZ 85282	
31 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Kinkle, Julius A.	
33 STREET ADDRESS	8251 Aberdeen Dr.	
34 CITY-ST-ZIP	Boynton Beach, FL 33437	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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 199.07(3)(k), 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, as an attachment with an address.

SIGNATURE: *Gary D. Haarer* DATE: *4/24/96* (602) 820-4488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)