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Jul 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 85282-6730 US
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3. Date Incorporated or Qualified 03/26/1986	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 8251 Aberdeen Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Boynton Beach, FL
Zip 24 33437	Country 25
Country 29 33437	Country 30 US

4. FEI Number 59-2666160	Applied For 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
**KINKLE, AL
ABERDEEN GOLF & COUNTRY CLUB
8251 ABERDEEN DR.
BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Al Kinkle General Manager DATE 5-8-97

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

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAARER, GARY D	
STREET ADDRESS	4812 S. MILL AVENUE	
CITY-ST-ZIP	TEMPE AZ	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	UPTON, MARK R	
STREET ADDRESS	4820 S. MILL AVENUE	
CITY-ST-ZIP	TEMPE AZ	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	KINKLE, JULIUS A	
STREET ADDRESS	8251 ABERDEEN DR.	
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		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Austin Greer	
1.3 STREET ADDRESS	8134 Cassia Drive	
1.4 CITY-ST-ZIP	Boynton Beach FL 33437	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ray Simon	
2.3 STREET ADDRESS	8294 Horseshoe	
2.4 CITY-ST-ZIP	Boynton Beach FL 33437	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Maxwell Wortman	
3.3 STREET ADDRESS	7315 Le Chalet Blvd	
3.4 CITY-ST-ZIP	Boynton Beach FL 33437	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Myrna Rosoff	
4.3 STREET ADDRESS	7019 Bitterbush Place	
4.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
5.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Al Kinkle	
5.3 STREET ADDRESS	8251 Aberdeen Dr	
5.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
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 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.

CR2E037 (9/96)