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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:09

DOCUMENT # N17821 (2)

1. Corporation Name
OLD MARSH GOLF CLUB, INC.

Principal Place of Business	Mailing Address
7500 OLD MARSH ROAD PALM BEACH GARDENS FL 33418	7500 OLD MARSH ROAD PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1986
3a. Date of Last Report: 05/09/1994
4. FEI Number: 59-2746012 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

ALEXANDER, LARRY B.
505 S. FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33402

10. Name and Address of New Registered Agent

81 Name: Wilton L. White
82 Street Address (P.O. Box Number is Not Acceptable): 625 N Flagler Dr., 9th Floor
83
84 City: West Palm Beach **FL** 85 Zip Code: 33401

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: Wilton White — 4/28/95
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	D	1.1 TITLE	Director	☐ Change ☐ Addition
NAME	DELPIT, LARRY D.	1.2 NAME		
STREET ADDRESS	7618 OLD MARSH RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	Director	☐ Change ☐ Addition
NAME	DICK, ROBBIE	2.2 NAME		
STREET ADDRESS	7618 OLD MARSH RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	Director	☐ Change ☐ Addition
NAME	DELPIT, LARRY J	3.2 NAME		
STREET ADDRESS	7618 OLD MARSH RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, CRAIG	4.2 NAME		
STREET ADDRESS	202 COLONY WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 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: Craig Martin — CRAIG MARTIN — 407-626-7402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

050148