

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N18923** (5)

1. Corporation Name

THE SQUARE CLUB OF PALM HILL, INC.



Principal Place of Business
**65 ROYAL PALM CIRCLE
LARGO FL 34648-1300
US**

Mailing Address
**65 ROYAL PALM CIRCLE
LARGO FL 33778-1300
US**

3. Date Incorporated or Qualified 01/26/1987	3a. Date of Last Report 04/17/1996
4. FEI Number 59-2246768	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**CUSHING, WILLIAM M
65 ROYAL PALM CIRCLE
LARGO FL 34648-1300
33778**

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 FL 33778-1300

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 re/instating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	FOSTER, G. EDWARD	
STREET ADDRESS	225 ROYAL PALM CIRCLE	
CITY-ST-ZIP	LARGO FL	
TITLE	FVD	
NAME	STALLAN, BOB	
STREET ADDRESS	37 THATCH PALM E	
CITY-ST-ZIP	LARGO FL	
TITLE	SVD	
NAME	HOOKS, CHARLES	
STREET ADDRESS	318 SAGO PALM	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	
NAME	GOW, DAVID	
STREET ADDRESS	71 E PALM FOREST DR	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	TD	
NAME	CUSHING, WILLIAM M.	
STREET ADDRESS	65 ROYAL PALM	
CITY-ST-ZIP	LARGO FL 33778-1300	
TITLE	D	
NAME	ATKINSON, DONALD	
STREET ADDRESS	31 THATCH PALM WEST	
CITY-ST-ZIP	LARGO FL 33770	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	PRES	
1.2 NAME	MARK FREEMAN	
1.3 STREET ADDRESS	72 PINDO PALM W	
1.4 CITY-ST-ZIP	LARGO, FL 33770	
2.1 TITLE	1ST V.P.	
2.2 NAME	CHARLES HOOKS	
2.3 STREET ADDRESS	318 SAGO PALM	
2.4 CITY-ST-ZIP	LARGO, FL 33778	
3.1 TITLE	2ND V.P.	
3.2 NAME	ARNOLD PARKS	
3.3 STREET ADDRESS	270 SAGO PALM	
3.4 CITY-ST-ZIP	LARGO, FL 33778	
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	33770	
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	33778-1300	
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	33770	

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: William M. Cushing **REQUIRED** April 10, 1997 813-584-6829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052018

CR2E037 (9/96)