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FILED

Apr 09 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24753 (8)

1. Corporation Name

CLUB DRIVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O JULIE D LOCHRIDGE
1500 CLUB DR.
VERO BEACH FL 32963C/O JULIE D LOCHRIDGE
1500 CLUB DR.
VERO BEACH FL 32963-23443. Date Incorporated or Qualified
02/11/19883a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

65-0062746

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

10. Name and Address of New Registered Agent

LOCHRIDGE, JULIE D
1500 CLUB DR.
VERO BEACH FL 32963

81 Name

SARA Wilson Galyean

82 Street Address (P.O. Box Number is Not Acceptable)

1502 CLUB DRIVE

83

84 City

VERO BEACH

FL

85

Zip Code
32963

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

Sara Wilson Galyean

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/97

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	HUFFMAN, JOANNA	
STREET ADDRESS	1502 CLUB DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOCHRIDGE, BEN S	
STREET ADDRESS	1500 CLUB DR.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	LOCHRIDGE, JULIE D	
STREET ADDRESS	1500 CLUB DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HUFFMAN, DONALD S	
STREET ADDRESS	1502 CLUB DR.	
CITY-ST-ZIP	VERO BEACH FL	
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	DS	SARA Wilson Galyean	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		1502 CLUB DRIVE	
1.3 STREET ADDRESS		VERO BEACH, FLA 32963	
1.4 CITY-ST-ZIP			
2.1 TITLE	D	Willie L. Wilson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		1500 CLUB DRIVE	
2.3 STREET ADDRESS		VERO BEACH FL 32963	
2.4 CITY-ST-ZIP			
3.1 TITLE	DP	Bernie D. Wilson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		1500 CLUB DRIVE	
3.3 STREET ADDRESS		VERO BEACH, FL 32963	
3.4 CITY-ST-ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 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			
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.

SIGNATURE:

Sara Wilson Galyean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/3/97

Daytime Phone # 0020772

CR2E037 (9/96)