


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 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 # N29190 (8)					
1. Corporation Name WILLOUGHBY GOLF CLUB, INC.					
Principal Place of Business 3001 S. E. DOUBLETTON DRIVE STUART FL 34997 US			Mailing Address 1300 S.E. INDIAN STREET STUART FL 34997-5602		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/08/1988	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 04/29/1996	
22 City & State		27 City & State		4. FEI Number 65-0087089	
23 Zip		28 Zip		Applied For <input type="checkbox"/> Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WINCH, STEPHEN E 1300 S.E. INDIAN STREET STUART FL 34997			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	WINCH, STEPHEN E				
STREET ADDRESS	1300 S.E. INDIAN STREET				
CITY-ST-ZIP	STUART FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	DUNBAR, ALAN G.				
STREET ADDRESS	1300 S.E. INDIAN STREET				
CITY-ST-ZIP	STUART FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	LEWIS, STEVEN C.				
STREET ADDRESS	1300 S.E. INDIAN STREET				
CITY-ST-ZIP	STUART FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	SCHOCK, FREDERICK F				
STREET ADDRESS	1300 S.E. INDIAN STREET				
CITY-ST-ZIP	STUART FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	OSBURN, STEPHEN H				
STREET ADDRESS	501 NORTH A1A				
CITY-ST-ZIP	JUPITER FL				
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	JONES, PATRICIA M				
STREET ADDRESS	501 N A1A				
CITY-ST-ZIP	JUPITER FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
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: <u>Steven C. Lewis</u> REQUIRED STEVEN C. LEWIS 3-5-97 220-1010					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (9/96)