

November 9, 1998

98 NOV 17 PN 2:47
SECRETARY OF STATE

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir:

Enclosed please find the Statement of Change of Registered Agent and the required filing fee of \$35.00.

If you need any additional information, please call me at 561-220-6000.

Thank you.

Sincerely,

WILLOUGHBY GOLF CLUB, INC.

Kim Abell

Controller

3001 S.E. Doubleton Drive • Stuart, Florida 34997-5699 • Telephone (561) 220-6000 / FAX (561) 288-2948

R-A. Change 11-18-98

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the	
State of Florida. 1. The name of the corporation is: Willoughby Golf Club, Inc.	
2. The mailing address of the corporation is: 3001 S. E. Dou	bleton Drive
Stuart, FL 349	97
3. Date of incorporation/qualification: 11/8/88 Documen	t number: N29190
4. The name and address of the current registered agent and office:	• •
William M. Dean	
585 N. E. Ocean Blvd.	98 7AL
Stuart, FL 34996	AH)
5. The name and address of the new registered agent and office: (P. O. Box STEVEN C. LEWS	FF 7 F
STUART, FL 34997	2: 47 ORIDA
The street address of its registered office and the street address of the bagent, as changed, will be identical.	usiness office of its registered
Such change was authorized by resolution duly adopted by its board of authorized by the board. Unit Plesiden + (Signature of an officer, chairman or vice chairman of the board)	directors or by an officer so
LACK C. FARN, PRESIDENT	11/2/98
(Printed or typed name and title) Having been named as registered agent and to accept service of proce corporation, I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the oblig registered agent (Signature of Registered Agent) If signing on behalf of an excity:	(Date) ss for the above stated agree to act in this capacity, the proper and complete ation of my position as 11 /7 /98 (Date)
(Typed or Printed Name)	(Capacity)
CR2E045(4/95)	FILING FEE: \$35.00