

FILE NOW: FILING FEE IS \$61.25

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Jun 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32396 (6)
1. Corporation Name
WENTWORTH GOLF CLUB, INC.



Principal Place of Business 2990 WENTWORTH WAY TARPOON SPRINGS FL 34689 US	Mailing Address 2990 WENTWORTH WAY TARPOON SPRINGS FL 34689 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 05/19/1989	
4. FEI Number 59-2950781	Applied For 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ZACUR, RICHAR E ZACUR & GRAHAM 5200 CENTRAL AVE. ST. PETERSBURG FL 33707	
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10. Name and Address of New Registered Agent	
81 Name Ian F Irwin	
82 Street Address (P.O. Box Number is Not Acceptable) 222 Second Street North	
83	
84 City St Petersburg	85 Zip Code FL 33701

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.
Ian F Irwin, President

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **8/25/98**

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME PEARCE, EDWARD	
STREET ADDRESS 2990 WENTWORTH WAY	
CITY-ST-ZIP TARPOON SPRINGS FL	
TITLE STD	<input checked="" type="checkbox"/> DELETE
NAME NORRIS, CYNTHIA	
STREET ADDRESS 2990 WENTWORTH WAY	
CITY-ST-ZIP TARPOON SPRINGS FL	
TITLE MD	<input checked="" type="checkbox"/> DELETE
NAME WEAVER, ROSS	
STREET ADDRESS 2990 WENTWORTH WAY	
CITY-ST-ZIP TARPOON SPRINGS 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 P/S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Ian F Irwin	
1.3 STREET ADDRESS 222 Second Street North	
1.4 CITY-ST-ZIP St Petersburg, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE VP/D	
2.2 NAME Ian Neil Irwin	
2.3 STREET ADDRESS 222 Second Street North	
2.4 CITY-ST-ZIP St Petersburg, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE Dennis Keener D	
3.2 NAME 3058 Wentworth Way	
3.3 STREET ADDRESS Tarpon Springs, FL 34689	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 *[Signature]* DATE **3/25/98** (812) 921-5179

CR2E037 (10/97)