

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40272 (9)
1. Corporation Name
VENICE GOLF AND COUNTRY CLUB #1, INC.



Principal Place of Business 250 VENICE GOLF & COUNTRY CLUB VENICE FL 34292	Mailing Address 250 VENICE GOLF & COUNTRY CLUB VENICE FL 34292
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3. Date Incorporated or Qualified 10/01/1990	3a. Date of Last Report 02/15/1996
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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

4. FEI Number 65-0223681	Applied For <input type="checkbox"/> Applied For <input checked="" 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	

9. Name and Address of Current Registered Agent

MCGIFFEN, JOHN W.
109 OVERLEA WAY
VENICE FL 34292

*SPELLING CORRECTION
MCGIFFEN*

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

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D, P, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHAMBERLAIN, FRED		1.2 NAME	
STREET ADDRESS 109 OVERLEA WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP VENICE FL		1.4 CITY-ST-ZIP	
TITLE DPTS	<input type="checkbox"/> DELETE	2.1 TITLE D, V, P, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCGIFFEN, JOHN W.		2.2 NAME	
STREET ADDRESS 109 OVERLEA WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP VENICE FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D, VP, AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRAMER, MARVIN		3.2 NAME	
STREET ADDRESS 109 OVERLEA WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP VENICE FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D, VP, AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME EGGESTON, Susan E	
STREET ADDRESS		4.3 STREET ADDRESS 109 Overlea Way	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Venice, FL 34292	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E037 (9/96)