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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT #

* N43034

(0)

THE T	AYLOR CREEK BA	ASS CLUB, INC.									
Principal Plac	e of Business	Mai	ling Address				1 150/464 86/80	BB IIIM BBIBB IIIII		OLDIN OLDIN OLD	
P.O. BOX 3179 OKEECHOBEE FL 34973 P.O. BOX 3179 OKEECHOBEE FL 34973-3179				3179							
							3. Date Incorporated 04/15/199	d or Qualified	3a. [03/13/	
2. Principal P	Place of Business	2a. I	Mailing Address				4. FEI Number				Applied For
21		26					65-027469	98			Not Applicable
Suite, Apt.		27	Suite, Apt. #, etc.				5. Certificate of State	us Desired			5 Additional Required
City & Stat	le	 	City & State				6. Election Campaig			-	May Be
23 Tip	Countr	28	7in	T Cause			Trust Fund Contril		Ц		d to Fees
Zip	Country	· —	Zip	Country	У		This corporation f Florida Statutes	· -		e tax unde No	rs. 199.032,
24	25 9. Name and Addre	29 ss of Current Registe	red Agent	<u> 30</u>			10. Name and Addre				
				81	Name .						
POSTEI	LL, RICHARD			80			id Mullins	Not Assessed	.i=\		
9 CYPRESS ST. BHR			82			Addres 31	S (P.O. Box Number is S Ctr. Ave	Not Acceptat) 		······
B.H.R.	HOBEE FL 34974			03	01	keed	chobae, Fl	. 34974	ŧ		
UNEEU	HODEE FL 348/4			84	City				FI	85 Z	ip Code
1. Pursuant	to the provisions of Sect	ions 617.0502 and 617	7 1508, Florida Statu	utes, the abov	l re-named	corpor	ation submits this state	ement for the p	urpose	of changing	a its registered
 office or r 	registered agent, or both	in the State of Florida	Cuch change was			aaratian	's heard of directors	Lharabu aggár	st tha an	nointment	horofology ac
agent. La	am familiar with, and acco	ept the obligations of.	Section 617.0503.	s autnorized b Jec ida Statute	y the corp is.	poration	TO DOGITO OF GITOGLOTO.	I Heleby accet	и ше ар	pomention.	as registered
agent. La	om familiar with, and acco	ept the obligations of,	Section 617.0503, F	authorized b lorida Statute	y the corp is: ???L. L.	Doracioi Dani	Source of directors.	ク - 2-1	и ине ар 2 — 9 1	7	as registered
agent. La	am familiar with, and according to the Signature typed or printed name	ept the obligations of, MULL of registered agent and title if	Section 617.0503, papticable (NC	OTE: Registered Ap	Mul	lini	when reinstaling)	2-2-	1-9 DATE	7	
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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:

Willer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

2-27-97 941-713 1077

FILED

Mar 13 1997 8:00am

Secretary of State

CR2E037 (9/96)