

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

## CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N45198

(1)

1. Corporation Name

DAYTONA BEACH GOLF GET-A-WAY, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -7 PM 4:11

Principal Place of Business  
% 425 NORTH PENINSULA DR.  
STE. A  
DAYTONA BCH. FL 32118

Mailing Address  
% 425 NORTH PENINSULA DR.  
STE. A  
DAYTONA BCH. FL 32118

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                  |                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br>09/17/1991                                                                                                  | 3a. Date of Last Report<br>02/18/1994                          |
| 4. FEI Number<br>59-3089318                                                                                                                      | Applied For<br>Not Applicable                                  |
| 5. Certificate of Status Desired                                                                                                                 | <input type="checkbox"/> \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution                                                                                        | <input type="checkbox"/> \$5.00 May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status                                                                                             | <input type="checkbox"/> \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                |

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>25 Suite, Apt. #, etc.<br>26 City & State<br>27 Zip<br>28 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent  
RICHARD K. CHURCHMAN, P.A.  
425 NORTH PENINSULA DR.  
STE. A  
DAYTONA BCH. FL 32118

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD                           | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | NOWVSKIE, RON                | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2637 S. ATLANTIC AVE.        | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              | DAYTONA BCH. SHORES FL 32118 | 1.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      | TD                           | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WALKER, JEFF                 | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2209 S. ATLANTIC AVE.        | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              | DAYTONA BCH. SHORES FL 32118 | 2.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      | SD                           | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BROWN, GARY                  | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2411 S. ATLANTIC AVE.        | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              | DAYTONA BCH. SHORES FL 32118 | 3.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                              | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                              | 4.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                              | 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                      |                              | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am not an officer or director of the corporation.