

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N48239** (0)

1. Corporation Name

**GOLF HAMMOCK CLUB, INC.**



Principal Place of Business	Mailing Address
2222 GOLF HAMMOCK ROAD SEBRING FL 33872 US	2222 GOLF HAMMOCK RD. SEBRING FL 33872-1209 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/06/1992</b>	3a. Date of Last Report <b>02/12/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3118983</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>BERRY, DALE E</b> <b>4521 BUNKER DR</b> <b>SEBRING FL 33872</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, ROBERT</b>	1.2 NAME	<b>LENGYEL, JOHN A</b>
STREET ADDRESS	<b>4505 SANDWEDGE WAY</b>	1.3 STREET ADDRESS	<b>4321 DUFFER LOOP</b>
CITY-ST-ZIP	<b>SEBRING FL</b>	1.4 CITY-ST-ZIP	<b>SEBRING, FL. 33782</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL, JAMES</b>	2.2 NAME	<b>D. PAT FAULKNER</b>
STREET ADDRESS	<b>2606 PAR ROAD</b>	2.3 STREET ADDRESS	<b>3604 GOLF HAVEN TR</b>
CITY-ST-ZIP	<b>SEBRING FL</b>	2.4 CITY-ST-ZIP	<b>SEBRING, FL 33872</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>INGALLS</b>	3.2 NAME	<b>PFLEGING, BARBARA</b>
STREET ADDRESS	<b>2803 PAR ROAD</b>	3.3 STREET ADDRESS	<b>1813 MULLIGAN RD.</b>
CITY-ST-ZIP	<b>SEBRING FL</b>	3.4 CITY-ST-ZIP	<b>SEBRING, FL 33872</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETRICK, CHUCK</b>	4.2 NAME	<b>BROWN, ROBERT</b>
STREET ADDRESS	<b>3600 DUFFER RD.</b>	4.3 STREET ADDRESS	<b>4505 SAND WEDGE WAY</b>
CITY-ST-ZIP	<b>SEBRING FL</b>	4.4 CITY-ST-ZIP	<b>SEBRING, FL 33872</b>
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)