## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

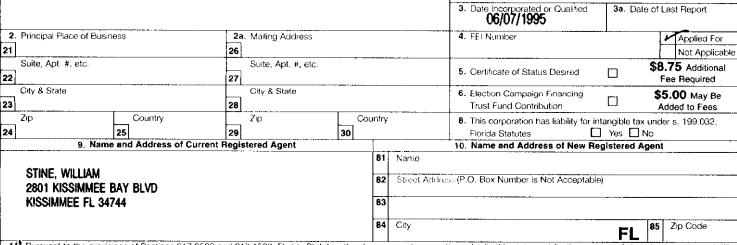
Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

N95000002782 (9)

THE FLORIDA CHAPTER OF THE NATIONAL GOLF COURSE OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 2801 KISSIMMEE BAY BLVD 2801 KISSIMMEE BAY BLVD KISSIMMEE FL 34744 KISSIMMEE FL 34744 2. Principal Place of Business 2a. Mailing Address



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. Thereby 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 their as piciable (NOTE: Registered Agent signature typed or printed name of registered agent and their as piciable (NOTE: Registered Agent signature typed or printed name of registered agent and their registered agent				
12.	OFFICERS AND DIRECTORS		13.	d when reinstang: DATE ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS IN 12
THLE	DP	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STINE, WILLIAM		1.2 NAME	
STREET ADDRESS	2801 KISSIMMEE BAY BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744		1.4 CITY - ST - ZIP	
TIFLE	DV	DELETE	2.1 THTLE	☐ Change ☐ Addition
NAME	FINCH, RAYMOND JR		2.2 NAME	
STREET ADDRESS	2100 EMERALD DUNES DR		2.3 STREET ADDRESS	
CrTY-ST-ZIP	WEST PALM BEACH FL 33411		2 4 CITY-ST-ZIP	
TITLE	DST	DELETE	3 1 TIFLE	Change Addition
NAME	CHRISTOVICH, GREGORY		3.2 NAME	
STREET ADDRESS	1000 SELVA MARINA DR		3.3 STREET ADDIRESS	
CITY-ST-ZIP	ALTANTA BEACH FL 32233		3 4. CITY - ST - ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - 7(P	
TITLE		DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY - ST - ZIP			5 4 CITY - ST - ZIP	
TOTLE		DELETE	6 1 TITLE	Change Addition
NAME			6.2 NAME	700001763987
STREET ADDRESS			6.3 STREET ADORESS	-04/01/9601000 010

CITY-ST-ZIP

64 CITY-ST-ZIP

\*\*\*\\$\frac{1}{25}\$

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 119.07(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 obspection or the receiver or frustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 18 if changes or on an attachment with an address.

**SIGNATURE:** 

3a. Date of Last Report