

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002324 (8)


1. Corporation Name

TWINEAGLES GOLF & COUNTRY CLUB, INC.



Principal Place of Business 4099 TAMiami TRAIL, NORTH SUITE 305 NAPLES FL 34103		Mailing Address 4099 TAMiami TRAIL, NORTH SUITE 305 NAPLES FL 34103		3. Date Incorporated or Qualified 04/24/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3456401	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent GARLOCK, THOMAS D ESQ. -ANNIS, MITCHELL, DOCKEY, ET AL, P.A. -6899 PELICAN BAY BLVD., SUITE 800 --- -NAPLES FL 34108 ---		10. Name and Address of New Registered Agent 81 Name Joel H. Schechter, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) Cummings & Lockwood 83 3001 Tamiami Trail North 84 City Naples 85 Zip Code FL 34103	
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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 	Joel H. Schechter 4/29/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COLOSIMO, JIM 4099 TAMiami TRAIL, NORTH, SUITE 305 NAPLES FL 34103	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLOSIMO, KAREN 4099 TAMiami TRAIL, NORTH, SUITE 305 NAPLES FL 34103	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	OT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STORY, JOHN 4099 TAMiami TRAIL, NORTH, SUITE 305 NAPLES FL 34103	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	T O'DONNELL, JOHN 4099 TAMiami TRAIL N. SUITE 305 NAPLES, FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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.	
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SIGNATURE: 	JOHN O'DONNELL 4/28/98 (94)262-3034
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CR2E037 (10/97)