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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005774 (1)**

1. Corporation Name

CLUB HOLLAND ORLANDO CORP.



Principal Place of Business PO BOX 780746 ORLANDO FL 32878-0746	Mailing Address PO BOX 780746 ORLANDO FL 32878-0746
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3. Date Incorporated or Qualified

10/10/1997

4. FEI Number

59-3480331

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIJKHUIS, MEINDERT
1671 HALLCREST DR
DELTONA FL 32725**

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	P	<input checked="" type="checkbox"/> DELETE
NAME	HEMPENIUS, AUKE	
STREET ADDRESS	2143 LAKE DEBRA DR, STE 1026	
CITY-ST-ZIP	ORLANDO FL 32835	

TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	DIJKHUIS, MEINDERT	
STREET ADDRESS	1671 HALLCREST DR	
CITY-ST-ZIP	DELTONA FL 32725	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LINDERS, RENATE	
STREET ADDRESS	13400 POINTE CT	
CITY-ST-ZIP	ORLANDO FL 32828-8503	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hempenius, auke	
1.3 STREET ADDRESS	2143 Lake Debra Dr, suite 1026	
1.4 CITY-ST-ZIP	ORLANDO FL 32835	

2.1 TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dijkhuis, Meindert	
2.3 STREET ADDRESS	1671 Hallcrest Dr.	
2.4 CITY-ST-ZIP	DELTONA FL 32725	

3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Linders, Renate	
3.3 STREET ADDRESS	13400 Pointe Ct.	
3.4 CITY-ST-ZIP	ORLANDO FL 32828-8503	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: **Meindert J. Dijkhuis (MEINDERT J. Dijkhuis) 2/24/98 407-829-6939**

CP2E037 (10/97)