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**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90060 021 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N97000005774**

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

3 8 4 8 9 6 - 9 0 0 6 0 - 2 1



<b>21</b> 2804 Lightwood St. Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> DELTONA, FL Zip <b>24</b> 32738 Country <b>25</b> Volusia	<b>2a</b> Mailing Address <b>26</b> 2804 Lightwood St. Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> DELTONA, FL Zip <b>29</b> 32738 Country <b>30</b> Volusia	<b>3</b> Date Incorporated or Qualified 10/10/1997 <b>4</b> FEI Number 59-3480331 Applied For Not Applicable <b>5</b> Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>9</b> Name and Address of Current Registered Agent DIJKHUIS, MEINDERT 1671 HALLCREST DR DELTONA FL 32725		<b>10</b> Name and Address of New Registered Agent <b>81</b> Name DIJKHUIS, MEINDERT <b>82</b> Street Address (P.O. Box Number is Not Acceptable) 2804 Lightwood St. <b>83</b> <b>84</b> City DELTONA FL <b>85</b> Zip Code 32738

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 MEINDERT DIJKHUIS (TREASURER)

Meindert Dijkhuis 4/14/99

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	
<b>TITLE</b> PD <b>NAME</b> HEMPENIUS, AUKE <b>STREET ADDRESS</b> 2143 LAKE DEBRA DR, STE 1026 <b>CITY-ST-ZIP</b> ORLANDO FL 32835	<input checked="" type="checkbox"/> DELETE	<b>1.1 TITLE</b> PD <b>1.2 NAME</b> Linders, Renate <b>1.3 STREET ADDRESS</b> 13400 POINTE CT. <b>1.4 CITY-ST-ZIP</b> ORLANDO, FL 32828-8503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TSD <b>NAME</b> DIJKHUIS, MEINDERT <b>STREET ADDRESS</b> 1671 HALLCREST DR <b>CITY-ST-ZIP</b> DELTONA FL 32725	<input checked="" type="checkbox"/> DELETE	<b>2.1 TITLE</b> TSD <b>2.2 NAME</b> DIJKHUIS, MEINDERT <b>2.3 STREET ADDRESS</b> 2804 Lightwood St. <b>2.4 CITY-ST-ZIP</b> DELTONA, FL 32738	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD <b>NAME</b> LINDERS, RENATE <b>STREET ADDRESS</b> 13400 POINTE CT <b>CITY-ST-ZIP</b> ORLANDO FL 32828-8503	<input checked="" type="checkbox"/> DELETE	<b>3.1 TITLE</b> VD <b>3.2 NAME</b> VAN BREEMEN, LOUIS <b>3.3 STREET ADDRESS</b> 2599 VIA TUSCANY <b>3.4 CITY-ST-ZIP</b> WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	<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, with all other like empowered.

SIGNATURE: Meindert Dijkhuis (Treasurer)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 407-805-5103

DATE

Daytime Phone #

CR2E037 (1/98)