FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012794 (3)

1. Corporation Name

WINSTON TRAILS GOLF CLUB MANAGEMENT CORP.

Principal Place of Business	Mailing Address
11781 LEE JACKSON MEM HWY STE 320 FAIRFAX VA 22033 US	11781 LEE JACKSON MEM HWY STE 320 FAIRFAX VA 22033 US

3. Date Incorporated or Qualified: 12/17/1992
3a. Date of Last Report: 04/26/1995
4. FEI Number: 58-1860368 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 6101 Winston Trails Blvd.	26 8000 Ironhorse Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lake Worth, FL	City & State 28 West Palm Beach, FL
Zip 24 33467 Country 25	Zip 29 33412 Country 30

9. Name and Address of Current Registered Agent

GORDON, MICHAEL D
SERVICO CENTRE SOUTH, SUITE 402
1601 BELVEDERE RD
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name: James J. O'Brien
82 Street Address (P.O. Box Number is Not Acceptable): 8000 Ironhorse Blvd.
83 West Palm Beach, FL
84 City: FL 85 Zip Code: 33412

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] JAMES O'BRIEN DATE 4/30/96

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	MUSS, JOSHUA A	
STREET ADDRESS	11781 LEE JACKSON MEMORIAL HWY SUITE 320	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	STD	☐ DELETE
NAME	DENNEN, MARVIN	
STREET ADDRESS	11781 LEE JACKSON MEMORIAL HWY SUITE 320	
CITY-ST-ZIP	FAIRFAX VA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Joshua Muss 4/30/96 407-694-0550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)