FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996	No. of the last of	
DOCUMENT # 1. Corporation Name	P93000	

P93000025368 (0)

FOREST LAKE GOLF CLUB, INC.				1 44 1114 14 14 14 14 14 14 14 14 14 14		
Principal Place of	of Business	Mailing Address			AT ORBAT BOILD BIDDE DIEDR DESIR BEADL TOAL IRDI	
P. O. BOX 158 10521 CLARCONA-OCOEE RD. OCOEE FL 34761		P. O. BOX 158 10521 CLARCONA-OCO OCOEE FL 34761	EE RD.	3. Date Incorporated or Qualified	3a. Date of Last Report	
US		U\$		04/06/1993	03/21/1995	
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3183938	Not Applicable \$8.75 Additional	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		1rust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for Florida Statutes	intangible tax under si 199.032, si ∏No	
24	25 9. Name and Address of Currer	29 nt Registered Agent	30	10. Name and Address of New F		
	O, Italia and Addition	<u> </u>	81 Name			
F/FII	Kenneth C.		82 Street	Address (P.O. Box Number is Not Acceptat	ole)	
P. O. BOX 158						
	LARCONA-OCOEE RD.		83			
OCOEE	FL 34761		84 City		FL 85 Zip Code	
		LOOP AFOR Firstly Challes		orporation submits this statement for the pu	mose of changing its registered office	
or registere familiar witi SIGNATURE	ed agent, or both, in the State of Flori n, and accept the obligations of, Sect	da. Such change was authorize ion 607.0505, Florida Statutes.	d by the corporation's	, board of directors. Thereby accept the app	OATE	
12.	Signature, typed or printed name of registered agent OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.110LE		Change Addition	
NAME	EZELL, KENNETH C.		1.2 NAME			
STREET ADDRESS	1304 ERROL PARKWAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL	FTT DECEME	1,4 CITY - ST - ZIP		Change Addition	
TITLE		☐ DELF1€	2 1 701.6	İ	C tange Naction	
NAME			2.2 NAME 2.3 STREET ADDRESS			
STREET ADDRESS			2.4 CI*Y - S* - ZIP			
CITY-ST-ZIP TITLE		DELETE	3 1 DILE		Change Addition	
NAME			3.2 NAME			
STHEET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4 CHY+S1-7(F)		Connect Addition	
TITLE		☐ DELETE	4. 1 11TLF		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY - ST - ZIP 5. 1 HILE		Change Addition	
TITLE NAME			S 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY - \$1 - ZIP			
TITLE		DELETE	6 1 THLF		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - SI - ZIP		24 42 55 1 1 1 1 1 1	64 CITY-S'-7IP	Jairfy for the exemption stated in Section 11	9.07(3)(k) Florida Statutes I further	
14. I do hereb certify that oath; that appears in	y certify that the information supplied the information indicated on this and I am an officer or director of the corp i Block 12 or Blocky 3 if changed, or	with this ning is voluntarily fulfi- qual regist or supplemental ann- ioration or the receiver or truste on ar attachment with an add-	isried and dues not go ual report is true and a e empowered to execu ess	larry for the exemption stated in Section 1 in accurate and that my signature shall have the ute this report as required by Chapter 607, I	e same legal effect as if made under Florida Statutes; and that my name	

SIGNATURE:

SIGNATI RE AND TYPED OF PRIVED NOISE OF SIGNING OFFICER OR DIRECTOR

3/18/96 4078601223

CR2E034 (12/95)