FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT. CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000031722

1. Corporation Name

NINETEENTH HOLE, INC.

Principal Place of Business	Mailing Address
196 S.FEDERAL HWY.	7557 SE PELICAN WAY
STUART FL 34996	HOBE SOUND FL 33455

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90242 030 ***150.00



Principal Place	e of Business	Mailing Add	ress					
6196 S.FEDERAL HWY. 7557 SE PELICAN WAY								
STUART FL 34996 HOBE SOUND FL 33455			D FL 33455			DO NOT WRITE IN TI	HIS SPACE	
						3. Date Incorporated or Qualifed		
						04/30/1993		
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	Apr	plied For
21		26				59-3178413	Not	Applicable
Suite, Apt.	#, etc.		pt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27				5. Certificate of Status Desired	Fee Rec	quired
City & State	е	City & S	tate			6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to	o Fees
Zip	— — — — — — — — — — — — — — — — — — —		Country		8. This corporation owes the current year Intangible			
24	25	29		<u> </u>		Personal Property Tax.		□No
	9. Name and Address of Curre	ent Registered Ag	ent	81	Nome	10. Name and Address of New Register	ed Agent	
Đ. iĐi	NS, RICHARD J			[81]	Name			
	' S.E. PELICAN WAY			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	E SOUND FL 33455							
пов	E 300ND FL 33433			83				
				84	City		85 Zip C	Code
	007	00 : 1007.4500	El-33- 01-1-1-	46		Proposition authority this statement for the numbers	of changing its	registered
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	e of Florida. Such	change was auth	orized by	the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as rec	gistered
agent, i a	or familiar with, and accept the obl	ations of, Section	607.0505, Florida	a Statutes.	•			
SIGNATURE		L	WOTE D	1		red when reinstating) DATE		
12.	Signature, typed or plinted name of registered	ND DIRECTORS	(NOTE: RE	13.	r signature requi	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	DPT		DELETE	1.1 TITLE			Change	Addition
NAME	BURNS, RICHARD J			1.2 NAME	Ì			
STREET ADDRESS	7557 SE PELICAN WAY			1.3 STREET	ADDRESS			l
	HOBE SOUND FL 33455			1,4 CITY-S				
CITY-ST-ZIP	M		DELETE	2.1 TITLE	1-21-		Change	Addition
NAME	BURNS, STEPHEN R		_	2.2 NAME				1
STREET ADDRESS	8 APPETREE LN			2.3 STREET	ANDRESS			1
CITY-ST-ZIP	WILMINGTON MA 01887	•	-	2.4 CITY-S		· · · · · · · · · · · · · · · · · · ·		· .
TITLE	VD VD		DELETE	3.1 TITLE	1-211		Change	Addition
NAME	BURNS, MICHAEL J			3.2 NAME				1
STREET ADDRESS	37 CLIFFE AVE			3.3 STREET	ADDRESS			ŀ
CITY-ST-ZIP	LEXINGTON MA			3.4. CITY-S	Ι.			}
TITLE	C		DELETE	4.1 TITLE			Change	Addition
NAME	BURNS, ROBERT J			4, 2 NAME				
STREET ADDRESS	37 CLIFFE AVE.			4.3 STREET	TADDRESS			Ì
CITY-ST-ZIP	LEXINGTON MA 02173			4.4 CITY-ST				
TITLE	SC		DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	BURNS, ARLINE A			5.2 NAME				1
STREET ADDRESS	37 CLIFFE AVE.			5.3 STREET	ADDRESS			
CITY-ST-ZIP	LEXINGTON MA			5.4 CITY-\$1	T-21P			
TITLE		~ /	DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			1	6.2 NAME				
STREET ADDRESS		// // /	1	6.3 STREET	F ADDRESS			
CITY-ST-ZIP	/ /		$ \sum_{i} $	6.4 CITY-ST	T-ZIP			1

14. I hereby certify that the information supplied with this tiling loos indicated on this annual report or supplied that annual report is officer or director of the corporation or the receiver of trustee en Block 12 or Block 13 if changed, or on an attachment with an additional control of the corporation. not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in all other like empowered.

SIGNATURE:

KEDUINER IGNING OFFICER OR DIRECTOR