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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000045149 (9)

GOLDEN OCALA GOLF CLUB, INC.

Principal Place of Business Mailing Address 7300 US HWY 27 7300 US HWY 27 OCALA. FLORIDA OCALA FL 34482 DO NOT WRITE IN THIS SPACE OCALA FL 34482 3. Date Incorporated or Qualified 06/08/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3263812 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name R WILLIAM FUTCH PA <u> Arnold -Sadighi</u> 500 NE 8TH AVENUE R2 Street Address (P.O. Box Number is Not Acceptable) 7340 NW. U.S. Hwy 27 OCALA FL 34471 83 City Ocala R4 34482 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508. Florida Statules, 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. Fam familiar with any accept the obligations of, Soction 607.0505, Florida Statules.

CONSTRUCTOR

**CONSTRUCTOR*

CONSTRUCTOR

**CONSTRUCTOR*

**CONSTRUCTOR Ann Warden SIGNATURE name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change ___ Addition DPST 1.1 TITLE TITLE D/P/T FEKER, ALLAN Allan Feker 1.2 NAME NAME 7300 US HWY 27 1.3 STREET ADDRESS 7300 US Hwy 27 STREET ADDRESS OCALA FL 1.4 City-St-7IP Ocala, FL 34471 CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME Maryann Moore STREET ADDRESS 2.3 STREET ADDRESS 7300 US Hwy 27 2. 4 CITY-ST-ZIP CITY-ST-ZIP Ocala, FL 34482 Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 came 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 107, lorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.