SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000089578 (6)**

1. Corporation Name

BRENTWOOD FARMS GOLF CLUB, INC.

Principal Place of Business	Mailing Address
1900 W. ALPHA COURT LECANTO FL 34461	1900 W. ALPHA COURT LECANTO FL 34461

3. Date Incorporated or Qualified: 12/12/1994
3a. Date of Last Report: 07/18/1995

2. Principal Place of Business
21 1745 W. Nicole Court
22 Suite, Apt. #, etc
23 City & State: Le Canto, FL 34461-9405
24 Zip: 34461-9405 25 Country: USA

2a. Mailing Address
26 1745 W. Nicole Court
27 Suite, Apt. #, etc
28 City & State: Le Canto, FL 34461-9405
29 Zip: 34461-9405 30 Country: USA

4. FEI Number: 59-3283768 ☐ 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

9. Name and Address of Current Registered Agent

BERTOCH, CARL A
537 E. PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, Type or Print Name of Individual Authorized Above (NOTE: Registered Agent signature required where indicated above.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CATES, RONALD K		1.2 NAME	
STREET ADDRESS	1000 ABERNATHY ROAD, SUITE 800		1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328		1.4 CITY-ST-ZIP	
TITLE	Secretary	☐ DELETE	2.1 TITLE	Secretary ☐ Change ☒ Addition
NAME	Lori A. Rives		2.2 NAME	Lori A. Rives
STREET ADDRESS	1000 Abernathy Rd. Ste 800		2.3 STREET ADDRESS	1000 Abernathy Rd, Ste 800
CITY-ST-ZIP	Atlanta, GA 30328-5603		2.4 CITY-ST-ZIP	Atlanta, GA 30328-5603
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	200001927512 ☐ Change ☐ Addition
NAME			5.2 NAME	-08/20/96--01163--004
STREET ADDRESS			5.3 STREET ADDRESS	***375.00
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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)(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.

SIGNATURE: Lori A. Rives 8/9/96 (770)390-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)