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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

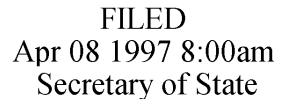
Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500005496 (1)

MAHANNAH GOLF MANAGEMENT, INC.

Principal Place of Business

Mailing Address





951 BROKEN SOUND PARKWAY STE. 108 BOCA RATON FL 33487		951 BROKEN SOUND PARKWAY STE. 108 BOCA RATON FL 33487-3531					
					3. Date Incorporated or Qualified 01/23/1995	3a. Date of L 08/14/19	
	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	# 610	Suite, Apl. #, etc.			65-0548456 Not Applicable		
22		27		5. Certificate of Status Dosired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	ncing \$5.00 May Be Added to Fees		
Zip 24	Country Zip Co. 29 30			/	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes XY yes No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	_	
WA	DE, JAMES		B1	Name			
	BROKEN SOUND PARKWAY STE	. 108	82	82 Street Address (P.O. Box Number is Not Acceptable)			
BO	CA RATON FL 33487		83		1000 (1.70) DOX HUMBER 18 NOT ACCEPTED		
			84	City			Zip Code
dd Directorat	to the annual transmission of the contract of					- I-1	•
office or I	to the provisions of Sections 607.0502 registered agent, or both, in the State of	i and 607.1508, Florida Stat of Florida Such change was	utes, the abov s authorized b	e-named corp the corpora	poration submits this statement for the pution's board of directors. I hereby accept	urpose of chang I the appointmen	ing its registered
	am familiar with, and accept the obliga-	tions of, Section 607.0505, f	lorida Statute	ŝ.			
SIGNATURE	Signature, lyped or printed name of registered agen	Lend Id o if sont caldo ANG	Dis Desiriored As	bot bloods as social	red when reinstaling)	DATE	
12.	OFFICERS AND		13.	an signarore requi	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	D	DELETE	1.1] ITLE		7.55111011070777110110110	☐ Cha	
NAME	MAHANNAH, CHARLES M JR.		1.2 NAME				• —
STREET ADDRESS	8309 SE WOODCREST PLACE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	HOBE SOUND FL 33455		1.4 CHTY - 9	T-20P			
TITLE	D	DELETE	2.1 1111 E			Cha	nge 🔲 Addition
NAME	MAHANNAH, JAMES W		2.2 NAME				
STREET ADDRESS	8309 SE WOODCREST PLACE		2.3 STREET	ADDRESS			
CITY-ST-ZIP	HOBE SOUND FL 33455		2.4 CITY-	ST-ZIP			
TITLE	D	DELETE	31 TITLE			Cha	nge 🔲 Addition
NAME	SCHNARS, JEFFREY T		3 2 NAME				
STREET ADDRESS	8309 SE WOODCREST PLACE		3 3 STREET				
CITY-ST-ZIP TITLE	HOBE SOUND FL 33455	htire	3.4. CITY - 5	ST - 7/P			
NAME		☐ DELETE	4.1 Till (Cha	nge 🔲 Addition
STREET ADDRESS			4. 2 NAME	10000000			
CITY-ST-ZIP			4.3 \$1REF1	1			
TITLE		DELETE	4.4 CITY - S 5.1 TITLE	1 - XII.		☐ Cha	nge Addition
NAME			5.2 NAME			ш он	Muoitton
STREET ADDRESS			5.2 NOWE 5.3 STREET	ADDRESS			
DITY-ST-ZIP			5.4 CITY~S				
TITLE		DELETE	6.1 TALE	1 - 2 11		Cha	nge Addition
NAME			6.2 NAME			One	- LI HOURIUM
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 C(1) Y - S				

14. I do hereby 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 same legal offect as if made under early; 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.