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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000036841 (1)

AMELIA ISLAND GOLF COMPANY

Principal Place of Business 1639 SO 8TH ST FERNADINA FL 32034

21

22

2. Principal Place of Business

Suite Apt # oto.

SIGNATURE:

City & State

Mailing Address

1775 REGATTA DRIVE AMELIA ISLAND FL 32034-5531

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

FILED Apr 11 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

05/01/1996

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

05/02/1995

FEI Number
 59-33 10574

Zip	Country	Zip	Cour	itry	j	8. This corporation has liability for int	angible t	ax unde	r s. 199.032,		
24	25	29	30		Florida Statutes Yes No						
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
FLYNN, JOHN J					ame				- [
1775 REGATTA DRIVE					82 Street Address (P.O. Box Number is Not Acceptable)						
AMELIA ISLAND FL 32034				but by Addiesa (i.e., box fabiliber is 140; Addeptable)							
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			l'	B4 Ci	ıty		FL	85 Zi	p 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 if am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.											
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14. Udo hereby cert'y that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information includated on this annual report or supplieriental 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 convoration 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 12 or Block 12 or Block 13 or Block 14 or Block 15 or Bl											