

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000056810 (1)

1. Corporation Name  
**CLUB GOLF-HER, INC.**



Principal Place of Business: 1596 S FEDERAL HIGHWAY STUART FL 34994  
Mailing Address: 1596 S FEDERAL HIGHWAY STUART FL 34994

3. Date Incorporated or Qualified: 07/21/1995  
3a. Date of Last Report: 1st report

2. Principal Place of Business: 21 524 St. Louis Crescent # 307, 22 # 307, 23 Stuart FL, 24 34994  
2a. Mailing Address: 26 PO Box 41, 27, 28 Stuart FL, 29 34995, 30 USA

4. FEI Number: 6510604746  
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: LUNDSTROM, KATHI, 1596 S FEDERAL HIGHWAY, STUART FL 34994  
10. Name and Address of New Registered Agent: 81 Name: SUSAN O'GRADY, 82 Street Address: 524 St. Louis Crescent # 307, 83, 84 City: Stuart, FL, 85 Zip Code: 34994

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: Susan H. O'Grady, DATE: 3/23/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1. TITLE: D PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: O'GRADY, SUSAN H		2. NAME: O'Grady Susan H	
STREET ADDRESS: 1596 S FEDERAL HIGHWAY		3. STREET ADDRESS: 524 St. Louis Crescent # 301	
CITY-ST-ZIP: STUART FL 34994		4. CITY-ST-ZIP: Stuart FL 34994	
TITLE: D	<input checked="" type="checkbox"/> DELETE	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LUNDSTROM, KATHI		6. NAME:	
STREET ADDRESS: 1596 S FEDERAL HIGHWAY		7. STREET ADDRESS:	
CITY-ST-ZIP: STUART FL 34994		8. CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		10. NAME:	
STREET ADDRESS:		11. STREET ADDRESS:	
CITY-ST-ZIP:		12. CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		14. NAME:	
STREET ADDRESS:		15. STREET ADDRESS:	
CITY-ST-ZIP:		16. CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	17. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		18. NAME:	
STREET ADDRESS:		19. STREET ADDRESS:	
CITY-ST-ZIP:		20. 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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan H. O'Grady, DATE: 2/3/96, 407 221-1181

CR2E034 (12/95)