

**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**  
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

2. Principal Place of Business: **524 St. Louis Crescent # 307**  
2a. Mailing Address: **PO Box 41**  
22. Suite, Apt. #, etc.: **# 307**  
23. City & State: **Stuart FL**  
24. Zip: **34994** 25. Country: **USA**  
26. Suite, Apt. #, etc.:  
27.  
28. City & State:  
29. Zip: **34995** 30. Country: **USA**

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 (P.O. Box Number is Not Acceptable): **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	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE
NAME: <b>O'GRADY, SUSAN H</b>	
STREET ADDRESS: <b>1596 S FEDERAL HIGHWAY</b>	
CITY-ST-ZIP: <b>STUART FL 34994</b>	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>LUNDSTROM, KATHI</b>	
STREET ADDRESS: <b>1596 S FEDERAL HIGHWAY</b>	
CITY-ST-ZIP: <b>STUART FL 34994</b>	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: <b>D PRES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: <b>O'Grady Susan H</b>	
3. STREET ADDRESS: <b>524 St. Louis Crescent # 301</b>	
4. CITY-ST-ZIP: <b>Stuart FL 34994</b>	
21. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME:	
23. STREET ADDRESS:	
24. CITY-ST-ZIP:	
31. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME:	
33. STREET ADDRESS:	
34. CITY-ST-ZIP:	
41. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME:	
43. STREET ADDRESS:	
44. CITY-ST-ZIP:	
51. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME:	
53. STREET ADDRESS:	
54. CITY-ST-ZIP:	
61. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME:	
63. STREET ADDRESS:	
64. 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** PHONE: **407 221-1181**

CR2E034 (12/95)