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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 14 1996 8:00 am  
Secretary of State

DOCUMENT # P95000068396 (7)

1. Corporation Name

SPRUCE CREEK GOLF AND COUNTRY CLUB, INC.

Principal Place of Business

17585 SE 102ND AVENUE  
SUMMERFIELD FL 34491

Mailing Address

17585 SE 102ND AVENUE  
SUMMERFIELD FL 34491

3. Date Incorporated or Qualified

08/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERP, HARVEY D

17585 SE 102ND AVENUE  
SUMMERFIELD FL 34491

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 607.0532 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

Signature, typed or printed name of registered agent and 15% shareholder

DATE Registered Agent signature required when not at filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PRESIDENT

DELETE

NAME

HARVEY D. ERP

STREET ADDRESS

2950 SW 53RD ST

CITY- ST- ZIP

OCALA FL 34474

TITLE

VICE PRESIDENT

DELETE

NAME

JAY A. THOMPSON

STREET ADDRESS

5365 SW 30TH AVE

CITY- ST- ZIP

OCALA, FL 34474

TITLE

SEC/TREAS

DELETE

NAME

BRENDA J. ERP

STREET ADDRESS

2950 SW 53RD ST

CITY- ST- ZIP

OCALA, FL 34474

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY- ST- ZIP

Change

Addition

Change

Addition

Change

Addition

Change

Addition

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Addition

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: *Harvey D. ERP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 ✓

352-347-3700

Daytime Phone #

CR2E034 (12/95)

PM 4-14-96