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FILED
May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000071627 (0)

1. Corporation Name

EAGLE PINES GOLF, INC.

Principal Place of Business

4995 TAMiami TRAIL E
NAPLES FL 33962

Mailing Address

4995 TAMiami TRAIL E
NAPLES FL 34113-4131



3. Date Incorporated or Qualified

09/11/1995

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

21 Suite, Apt #, etc.
22 4997 Tamiami Trail E
23 City & State
Naples, FL 34113
24 Zip
34113

2a. Mailing Address

26 Suite, Apt #, etc.
27 4997 Tamiami Trail E
28 City & State
Naples, FL 34113
29 Zip
34113

4. FEI Number

65-0610867

Applied For

Not Applicable

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

HOURLAN, BRUCE G
4995 TAMiami TRAIL E
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name
Houran, Bruce G. (Address Change)

82 Street Address (P.O. Box Number is Not Acceptable)
4997 Tamiami Trail E.

83 City & State
Naples, FL 34113

84 City
Naples

FL

85 Zip Code
34113

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

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
D
HOURAN, BRUCE G
STREET ADDRESS
4995 TAMiami TRAIL E
CITY-ST-ZIP
NAPLES FL 33962

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
D
Houran, Bruce G.
1.3 STREET ADDRESS
4997 Tamiami Trail E.
1.4 CITY-ST-ZIP
Naples, FL 34113

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

Date

Daytime Phone #

0417570

CR2E034 (\$96)