Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90025 009 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000048989

1. Corporation Name

GOLDEN BEAR GOLF, INC.

	·		_						
Principal Place	of Business	Mailing Address				- I (2011) But the laws out to say the say of the	181 18118 161	• • • • • • • • • • • • • • • • • • • •	
11780 U.S. HIGHWAY ONE SUITE 400 SUITE 400 NORTH PALM BEACH FL 33408-3007 NORTH PALM BEACH FL			3408-3007			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 06/07/1996			
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number 65-0680880	<u> </u>	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_			5. Certificate of Status Desired		Additional Required	
City & State City & State 28						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country 25	Zip 29 3	Country			 This corporation owes the current year Inta Personal Property Tax. 	ngible	□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered A	gent		
			81	Nan	ne				
FHS CORPORATE SERVICES 11780 U.S. HIGHWAY ONE			82	Stre	et Addre	Address (P.O. Box Number is Not Acceptable)			
#300			83						
NORTH PALM BEACH FL 33408			84	City		FL	85 Zip	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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	tegistered Age	nt signatu	re required	when reinstating) DATE			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	CD DELETE		1.1 TITLE				Change	e 🗌 Addition	
NAME	NICKLAUS, JACK W			1.2 NAME				ł	
STREET ADDRESS				1.3 STREET ADDRESS					
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		1.4 CITY-ST-ZIP		 D		[] Change	e X Addition	
TITLE	TU' -		2.1 TITLE		-	OGER E. BIRK			
NAME	DEECHOLIS, THORPATO T			Z.Z IWNIIL		11780 U.S. HIGHWAY ONE, #400			
STREET ADDRESS	(2.4 CITY-ST-ZIP		ORTH PALM BEACH, FL 33408	-	}	
CITY-ST-ZIP TITLE	NORTH PALM BEACH FL 33408 - XI DELETE			3.1 TITLE			Change	e 🔯 Addition	
NAME	-341 D-			3.2 NAME		ICHARD F. CHAPDELAINE			
STREET ADDRESS				3.3 STREET ADORESS		11780 U.S. HIGHWAY ONE, #400			
CITY-ST-ZIP	NORTH PALM BEACH FL 33408-3007			3.4. CITY-ST-ZIP		ORTH PALM BEACH, FL 33408			
TITLE	SVPS	☐ DELETE	4.1 TITLE				Change	e	
NAME	WINSLETT, STEPHEN S		4. 2 NAME						
STREET ADDRESS			4.3 STREE	REET ADDRESS					
CITY-ST-ZIP	TOTAL TOTAL DESCRIPTION OF THE PROPERTY OF THE		_	.4 CITY-ST-ZIP			-7.6:	Maria Trans	
TITLE	AT- DELETE 5.1		5.1 TITLE		D	•	Chang	e 🔀 Addition	
NAME	SANDERS, WATNE			5.2 NAME		JOHN F. McGOVERN			
STREET ADDRESS	11780 U.S. HIGHWAY ONE		5.3 STREE		ss 1.	1780 U.S. HIGHWAY ONE, #40	0		
CITY-ST-ZIP	NORTH FALM DEACHTTE 33400-3007			CITY-ST-ZIP		ORTH-PALM BEACH, FL 33408	[] Change	e	
TITLE		X DELETE	6.1 TITLE			,	LJ Chang	e Pandingu	
			■ n / NAMF		1			i	

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRES

CITY-ST-ZIP



(561)626-3900