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

PROFIT CORPORATION ANNUAL REPORT

1997

A CONTRACT OF STREET

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072039 (6)

COUNTRY CLUB PROPERTIES OF FLAGLER, INC.

Principal Place of Business Mailing Address 1 FLORIDA PARK DRIVE 1 FLORIDA PARK DRIVE PALM COAST FL 32137 PALM COAST FL 32137 3. Date Incorporated or Qualified 3a. Date of Last Report 08/27/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, **⊠** No Yes 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KIMBERLEY, RODNEY F 1 FLORIDA PARK DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 PALM COAST FL 32137 83 84 City 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 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 DATE Signature, typed or printed name of registered agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6)12. DELETE Change Addition 1.1 11116 TITLE KIMBERLEY, RODNEY F 1.2 NAM8 1 FLORIDA PARK DRIVE STREET ADDRESS 1.3 STREET ADDRESS PALM COAST FL 32137 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELFTE 21 11TLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-7IP CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 C(1Y - S1 - Z)P CITY-ST-ZIP Change Addition DELFTE 6.1 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

1.21.67

6.4 CHTY-ST-ZIP 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 for truetoe or provered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed for find in attachment with an address.

FILED May 01 1997 8:00am Secretary of State

