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Mar 16, 1999 8:00 am
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03-16-1999 90109 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000013077 1. Corporation Name GRAND HAVEN GOLF CORP.			
Principal Place of Business C/O LOWE ENTERPRISES, INC. 11777 SAN VICENTE BLVD. SUITE 900 LOS ANGELES CA 90049		Mailing Address C/O LOWE ENTERPRISES, INC. 11777 SAN VICENTE BLVD. SUITE 900 LOS ANGELES CA 90049	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent 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 607.0502 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME D LOWE, ROBERT J STREET ADDRESS 11777 SAN VICENTE BLVD #900 CITY-ST-ZIP LOS ANGELES CA 90049		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME DC PRINN, BRIAN T STREET ADDRESS 11777 SAN VICENTE BLVD #900 CITY-ST-ZIP LOS ANGELES CA 90049		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME DP LEARY, THEODORE M JR STREET ADDRESS 11777 SAN VICENTE BLVD #900 CITY-ST-ZIP LOS ANGELES CA 90049		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME EVP DEL FRANCO, PETER A STREET ADDRESS 11777 SAN VICENTE BLVD #900 CITY-ST-ZIP LOS ANGELES CA 90049		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME SVP O'KEEFE, PETER R STREET ADDRESS 11777 SAN VICENTE BLVD #900 CITY-ST-ZIP LOS ANGELES CA 90049		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME S KENYON, BETTY J STREET ADDRESS 11777 SAN VICENTE BLVD #900 CITY-ST-ZIP LOS ANGELES CA 90049		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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.

SIGNATURE: *S. Betty J. Kenyon* 2/9/99 30 820-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

834670-40167-52
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**GRAND HAVEN GOLF CORP.
PROFIT CORPORATION ANNUAL REPORT
OFFICERS CONTINUED**

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