

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

FILED

Jun 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000025121 (9)

1. Corporation Name

N.L. GOLF PROPERTIES, INC.

Principal Place of Business

2665 SOUTH BAYSHORE DRIVE, SUITE M-103  
COCONUT GROVE FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE, SUITE M-103  
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

65-0742086

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 3225 Annapolis Avenue

Suite, Apt. #, etc.

22 700

City & State

23 COCONUT GROVE FLORIDA

Zip

Country

24 33133

25 FLA

2a. Mailing Address

26 3225 Annapolis Avenue

Suite, Apt. #, etc.

27 700

City & State

28 COCONUT GROVE FLORIDA

Zip

Country

29 33133

30 FLA

9. Name and Address of Current Registered Agent

KLITZMAN, LAWRENCE S

2665 SOUTH BAYSHORE DRIVE, SUITE M-103  
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3225 Annapolis Avenue

83

SUITE 700

84

COCONUT GROVE

FL

85

Zip Code

33133

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KLITZMAN, LAWRENCE S

STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, SUITE M-103

CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE STD ☐ DELETE

NAME GARS, IRWIN S

STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, SUITE M-103

CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D ☐ DELETE

NAME FLEISCHER, LAWRENCE

STREET ADDRESS 14 WILLOW LANE

CITY-ST-ZIP KINGS PARK NY 11759

TITLE D ☐ DELETE

NAME ATKIND, LEON

STREET ADDRESS 2200 S OCEAN DR #2110

CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

3225 Annapolis Avenue Suite 700

1.4 CITY-ST-ZIP

COCONUT GROVE, FLORIDA 33133

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

3225 Annapolis Ave Suite 700

2.4 CITY-ST-ZIP

COCONUT GROVE, FLORIDA 33133

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

3000002577318

- 07/01/98 - 01028 - 037

\*\*\*150.00

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.

SIGNATURE

CR2E034 (10/97)

*Law Offices Of*  
**LAWRENCE S. KLITZMAN P.A.**  
*a professional association*

*Lawrence S. Klitzman*  
*L.L.M. Taxation*

June 16, 1998

Florida Department of State  
Division of Corporation  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: N.L. Golf Properties, Inc. - FEI Number: 65-0742086

Gentleperson:

We are returning herewith the Annual Report for the above-named corporation with the information indicated as requested.

Thank you.

Very Truly Yours,

Lawrence S. Klitzman  
Lk:rc  
w/enclos.

DeptState61698ltr