

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P97000032586 (4)**

1. Corporation Name

**BLUE HERON GOLF & COUNTRY CLUB, INC.**

Principal Place of Business

**201 N. PARK 1925 S.E. 9th Ave.**

**YPSILANTI MI 48198 Okeechobee, FL 34974**

Mailing Address

**201 N. PARK Same**

**YPSILANTI MI 48198**

2. Principal Place of Business

**21 Same**

Suite, Apt. #, etc.

**22**

City & State

**23 Okeechobee**

Zip

**24 34974**

Country

**25 Okeechobee**

2a. Mailing Address

**26 1925 S.E. 9th Ave**

Suite, Apt. #, etc.

**27**

City & State

**28 FL**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**MCMaster, MARK  
1925 SE 9TH AVENUE  
OKEECHOBEE FL 34974-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**12/30/98**

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **MCMaster, MARK N**

STREET ADDRESS **201 N. PARK 1925 S.E. 21st ST.**

CITY-ST-ZIP **YPSILANTI MI 48198 Okeechobee, FL 34974**

TITLE **DV** ☐ DELETE

NAME **MAGILL, RICHARD D**

STREET ADDRESS **201 N. PARK 801 S.E. 14th ST.**

CITY-ST-ZIP **YPSILANTI MI 48198 Okeechobee, FL 34974**

TITLE **D** ☐ DELETE

NAME **MAGILL, DEBRA A**

STREET ADDRESS **201 N. PARK 801 S.E. 14th St.**

CITY-ST-ZIP **YPSILANTI MI 48198 Okeechobee, FL 34974**

TITLE **DST** ☐ DELETE

NAME **MCMaster, MELVIN N**

STREET ADDRESS **201 N. PARK 980 S.E. 23rd St.**

CITY-ST-ZIP **YPSILANTI MI 48198 Okeechobee, FL 34974**

TITLE **D** ☐ DELETE

NAME **MCMaster, RUBY F**

STREET ADDRESS **201 N. PARK 980 S.E. 23rd St.**

CITY-ST-ZIP **YPSILANTI MI 48198 Okeechobee, FL 34974**

TITLE **D** ☐ DELETE

NAME **MCMaster, JANE E**

STREET ADDRESS **201 N. PARK 1925 S.E. 21st ST.**

CITY-ST-ZIP **YPSILANTI MI 48198 Okeechobee, FL 34974**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 42

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE:

**SIGNATURE REQUIRED**

**mark mcmaster**

**12/30/98**

APPROVED  
AND  
FILED

98 DEC 31 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/10/1997**

4. FEI Number

**65-0748108**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$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

015013

CR2E034 (5/98)