CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 9:25

DOCUMENT # S22803 (8)

1. Corporation Name
FLORIDA NATIONAL GOLF, INC.

Principal Place of Business	Mailing Address
2100 EMERALD PUNES DR SUITE 1100 WEST PALM BEACH FL 33411	2100 EMERALD PUNES DR SUITE 1100 WEST PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1991
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business
21 2100 Emerald Dunes Dr
Suite, Apt. #, etc.
22 NONE
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 2100 Emerald Dunes Dr.
Suite, Apt. #, etc.
27 NONE
City & State
28
Zip 29 Country 30

4. FEI Number: NOT APPLICABLE — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CHERRY, RICHARD G.
1645 PALM BEACH LAKES BLVD.
SUITE 1100
WEST PALM BEACH FL 33401

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 Section 607.0502 and 607.1505, 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] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FINCH, RAYMON R. JR.	12 NAME	
STREET ADDRESS	% 1645 PALM BCH LKS.BLVD	13 STREET ADDRESS	
CITY ST ZIP	W. PALM BEACH FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FINCH, RAYMON R. III	22 NAME	
STREET ADDRESS	% 1645 PALM BCH LKS.BLVD	23 STREET ADDRESS	
CITY ST ZIP	W. PALM BEACH FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MATHIS, JOHN H.	32 NAME	
STREET ADDRESS	% 1645 PALM BCH LKS.BLVD	33 STREET ADDRESS	
CITY ST ZIP	W. PALM BEACH FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is true, correct and complete. I/We 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 1 or Block 13 if changed or added to the report with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR)

3/27/95
Date

(407) 687-1700
Daytime Phone #

0281494 CP