

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S62860 (9)

1. Corporation Name

GHA RIVER CLUB, INC.



Principal Place of Business

2121 GRAND HARBOR BLVD.
VERO BEACH FL 32967

Mailing Address

2121 GRAND HARBOR BLVD.
VERO BEACH FL 32967

3. Date Incorporated or Qualified

06/27/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FET Number

65-0273432

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PROCTOR, DONALD C
2121 GRAND HARBOR BLVD
VERO BCH 32967

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 date of appointment

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|-------|----------------|-----------------------|--|-------------------------------------|
| | PD | PROCTOR, DOANLD C | 2121 GRAND HARBOR BLVD VERO BCH FL | <input type="checkbox"/> |
| | VD | UPTAIN, KENNETH L | 2121 GRAND HARBOR BLVD VERO BCH FL | <input type="checkbox"/> |
| | VTS | D'HAESELEER, RONALD V | 2121 GRAND HARBOR BLVD VERO BCH FL | <input type="checkbox"/> |
| | V | WIDELL, DOUG | 2121 GRAND HARBOR BLVD VERO BCH FL | <input checked="" type="checkbox"/> |
| | VD | MITCHELL, IVAR | 2121 GRAND HARBOR BLVD VERO BCH FL | <input checked="" type="checkbox"/> |
| | AGS | HENN, PETER J. | 2121 GRAND HARBOR BLVD. VERO BEACH FL | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---------------------|------------------------|--------------------|---------------------|--|
| | | | | |
| 2.1 TITLE | D | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | | | |
| 2.3 STREET ADDRESS | | | | |
| 2.4 CITY - ST - ZIP | | | | |
| 3.1 TITLE | VP/T | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | | | |
| 3.3 STREET ADDRESS | | | | |
| 3.4 CITY - ST - ZIP | | | | |
| 4.1 TITLE | VP | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | BUD TAYLOR | | | |
| 4.3 STREET ADDRESS | 2121 GRAND HARBOR BLVD | | | |
| 4.4 CITY - ST - ZIP | VERO BEACH FL | | | |
| 5.1 TITLE | D | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | DAVID A. HERRICK | | | |
| 5.3 STREET ADDRESS | 2121 GRAND HARBOR BLVD | | | |
| 5.4 CITY - ST - ZIP | VERO BEACH FL | | | |
| 6.1 TITLE | S | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | | | |
| 6.3 STREET ADDRESS | | | | |
| 6.4 CITY - ST - ZIP | | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER J. HENN, SEC.

2/17/96

Date

407-562-9000

Daytime Phone #

CR2E034 (12/95)