FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 MAY -1 PM 1:19

DOCUMENT # **S93958** **(4)**

1. Corporation Name
SUMMERBROOKE GOLF COURSE, INC.

Principal Place of Business
7505 PRESERVATION RD.
5430 LINKS LANE
TALLAHASSEE FL 32312
US

Mailing Address
7505 PRESERVATION RD.
5430 LINKS LANE
TALLAHASSEE FL 32312
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1991
3a. Date of Last Report: 02/16/1994

2. Principal Place of Business
21 7505 Preservation Rd.
Suite, Apt. #, etc.
22
City & State
23 Tallahassee FL
Zip 24 32312
Country 25 Leon

2a. Mailing Address
26 7505 Preservation Rd.
Suite, Apt. #, etc.
27
City & State
28 Tallahassee, FL
Zip 29 32312
Country 30 Leon

4. FEI Number: 59-3104980 — 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
RYER, EUGENE F.
5430 LINKS LANE
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent
81 Name: Ryer, Eugene F.
82 Street Address (P.O. Box Number is Not Acceptable): 7505 Preservation Rd.
83 Tallahassee
84 City: FL
85 Zip Code: 32312

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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	RYER, EUGENE F.	1.2 NAME		
STREET ADDRESS	5430 LINKS LANE	1.3 STREET ADDRESS		
CITY, ST, ZIP	ZEPHYRHILLS FL	1.4 CITY, ST, ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	REFRAM, DEAN J.	2.2 NAME		
STREET ADDRESS	7505 PRESERVATION RD.	2.3 STREET ADDRESS		
CITY, ST, ZIP	TALLAHASSEE FL	2.4 CITY, ST, ZIP		
TITLE	SD	3.1 TITLE	S D	☒ Change ☐ Addition
NAME	HAJAM, WILLIAM J.	3.2 NAME	Najam, William J.	
STREET ADDRESS	4 LATHROP AVE.	3.3 STREET ADDRESS	4 Lathrop Ave.	
CITY, ST, ZIP	WESTFIELD MA	3.4 CITY, ST, ZIP	Westfield, MA	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	REFRAM, BARBARA	4.2 NAME		
STREET ADDRESS	FOXHUNT DR.	4.3 STREET ADDRESS		
CITY, ST, ZIP	WESLEY CHAPEL FL	4.4 CITY, ST, ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY, ST, ZIP		5.4 CITY, ST, ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY, ST, ZIP		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)(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: E.F. Ryer — 4-11-95 — 904-894-4653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020015 CP