

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 # **V09926** (9)

1. Corporation Name

THE GOLF PLACE AT ALTAMONTE, INC.



Principal Place of Business

~~470 W. CENTRAL PKWY~~
~~SUITE 1004~~
~~ALTAMONTE SPRINGS FL 32714~~
~~US~~

Mailing Address

~~470 W. CENTRAL PKWY~~
~~SUITE 1004~~
~~ALTAMONTE SPRINGS FL 32714~~
~~US~~

3. Date Incorporated or Qualified
01/29/1992

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **237 S. Westmonte Drive**

26 **237 S. Westmonte Drive**

4. FEI Number
59-3103742

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Altamonte Springs, FL

Altamonte Springs, FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

32714

USA

32714

USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAS, JAMES E.

~~470 CENTRAL PKWY~~
~~ALTAMONTE SPRINGS FL 32714~~

81 Name

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

237 S. Westmonte Drive

83

84 City

Altamonte Springs

85 State

FL

86 Zip Code

32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 (if applicable)

(NOTE: Registered Agent signature required when changing the state)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P**
~~**STAPLES, JAMES T.**~~
STREET ADDRESS **470 W. CENTRAL PARKWAY**
CITY - ST - ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ DELETE

NAME **D**
~~**DEAN, JAMES E.**~~
STREET ADDRESS **470 W. CENTRAL PARKWAY**
CITY - ST - ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

President
Staples, James T. ☐ Change ☐ Addition

237 S. Westmonte Drive, Ste. 140
Altamonte Springs, FL 32714

Sec. Treas ☐ Change ☐ Addition

Denmead, Linda
237 S. Westmonte Drive, Ste. 140
Altamonte Springs, FL 32714

Director ☐ Change ☐ Addition

Reeler, Phil
237 S. Westmonte Drive, Ste. 140
Altamonte Springs, FL 32714

☐ Change ☐ Addition

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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:

Linda Denmead
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/96 **407-862-9309**
Date Daytime Phone

CR2E034 (12/95)