

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H24567 (0)**  
1. Corporation Name  
**OAK HILLS GOLF AND COUNTRY CLUB INC.**



Principal Place of Business: **10059 N. CLIFF BLVD. SPRING HILL FL 34608**  
Mailing Address: **2550 N. LOOP WEST SUITE 400 HOUSTON TX 77082**

3. Date Incorporated or Qualified: **10/05/1984**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2450052**  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: **KETTLE, JOHN 1916 OCEAN DR. VERO BEACH FL 32963**  
10. Name and Address of New Registered Agent (81-85) fields.

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 607.0503, Florida Statutes.

SIGNATURE: *[Signature]*

(NOTE: Registered Agent's signature is required when making a change.)

DATE: **2/6/96**

12. OFFICERS AND DIRECTORS

|                 |                             |                                 |
|-----------------|-----------------------------|---------------------------------|
| TITLE           | TD                          | <input type="checkbox"/> DELETE |
| NAME            | KETTLE, JOHN                |                                 |
| STREET ADDRESS  | 1916 OCEAN DR.              |                                 |
| CITY - ST - ZIP | VERO BEACH FL 32963         |                                 |
| TITLE           | PD                          | <input type="checkbox"/> DELETE |
| NAME            | FLOYD, RAYMOND              |                                 |
| STREET ADDRESS  | 24 INDIAN CREEK ISLANDS     |                                 |
| CITY - ST - ZIP | MIAMI BCH FL 33154          |                                 |
| TITLE           | SD                          | <input type="checkbox"/> DELETE |
| NAME            | FLOYD, MARIA                |                                 |
| STREET ADDRESS  | 24 INDIAN CREEK ISLANDS     |                                 |
| CITY - ST - ZIP | MIAMI BCH FL 33154          |                                 |
| TITLE           | VPD                         | <input type="checkbox"/> DELETE |
| NAME            | GREY, EARL                  |                                 |
| STREET ADDRESS  | 20191 EAST Country Club Dr. |                                 |
| CITY - ST - ZIP | Aventura, FL 33180          |                                 |
| TITLE           |                             | <input type="checkbox"/> DELETE |
| NAME            |                             |                                 |
| STREET ADDRESS  |                             |                                 |
| CITY - ST - ZIP |                             |                                 |
| TITLE           |                             | <input type="checkbox"/> DELETE |
| NAME            |                             |                                 |
| STREET ADDRESS  |                             |                                 |
| CITY - ST - ZIP |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

**800001764308**  
**-04/01/96--01031--007**  
**\*\*\*200.00**

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 in an attachment with an address.

SIGNATURE: *[Signature]* **John Kettle**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-27-96 407234-9957**  
DATE

CFR2E034 (12/95)