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**Mar 20 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northon**  
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 77092-8908**

2. Principal Place of Business:

2a. Mailing Address:

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified: **10/05/1984**  
3a. Date of Last Report: **03/30/1996**  
4. FEI Number: **59-2450052**  
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

**KETTLE, JOHN  
4948 OCEAN DR.  
VERO BEACH FL 32983**

10. Name and Address of New Registered Agent  
81 Name:  
82 Street Address (P.O. Box Number is Not Acceptable): **5284 ISLEWORTH COUNTRY CLUB DR**  
83 City: **WINDEMERE** FL 85 Zip Code: **34786**

11. Pursuant to the provisions of Sections 607.0602 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 understand and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *J. Kettle*

(NOTE: Registered Agent signature required when re-issuing)

DATE: **3-11-97**

12. OFFICERS AND DIRECTORS

TITLE	TO	<input type="checkbox"/> DELETE
NAME	KETTLE, JOHN	
STREET ADDRESS	1916 OCEAN DR.	
CITY - ST - ZIP	VERO BEACH FL 32983	
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 checked="" type="checkbox"/> DELETE
NAME	GREY, EARL	
STREET ADDRESS	20191 E 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	<b>5284 ISLEWORTH COUNTRY CLUB DR</b>
1.4 CITY - ST - ZIP	<b>WINDEMERE, FL 34786</b>
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	

14. I declare by certifying that the information supplied with this filing 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 a director or officer 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 13P changed, or on an attached page, with an address.

SIGNATURE: *J. Kettle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3-11-97** 352-683-6830  
DISPATCH NUMBER

CP2E034 (9/96)