


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90035 017 ****61.25

DOCUMENT # 717696
1. Entity Name
PALMETTO-PINE COUNTRY CLUB, INC.



Principal Place of Business: **1940 SW 9TH CT
CAPE CORAL FL 33991
US**
Mailing Address: **P.O. BOX 150429
CAPE CORAL FL 33915**

2. Principal Place of Business: **1940 SW 9th CT**
Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: **CAPE CORAL, FL**
Zip: **33991** Country: **Lee**


MOORE CR2E037 (11/03)

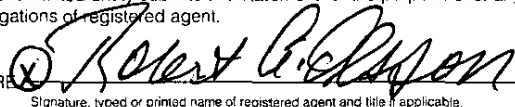
4. FEI Number: **59-1294502**
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**OLSSON, ROBERT
209 EL DORADO PKWY
CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: 
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: D	NAME: RODNEY, ROAN	<input type="checkbox"/> Delete
STREET ADDRESS: 1545 WHITE SHELL WAY	CITY-ST-ZIP: NORTH FORT MYERS FL 33903	
TITLE: VD	NAME: OLSSON, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 209 EL DORADO PKWY	CITY-ST-ZIP: CAPE CORAL FL 33914	
TITLE: D	NAME: CURASCO, PERRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 1310 SW 20TH ST.	CITY-ST-ZIP: CAPE CORAL FL 33991	
TITLE: D	NAME: LLOYD, DONNA	<input type="checkbox"/> Delete
STREET ADDRESS: 806 SE 27TH TERR.	CITY-ST-ZIP: CAPE CORAL FL 33904	
TITLE: TD	NAME: SCHROEDER, CHRIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 2610 SW 46TH TERRACE	CITY-ST-ZIP: CAPE CORAL FL 33914	
TITLE: SD	NAME: MILLER, MARILYN	<input type="checkbox"/> Delete
STREET ADDRESS: 2161 LOCHMOOR CIR	CITY-ST-ZIP: FORT MYERS FL 33903	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: President/Director	NAME: Robert Olsson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 209 EL DORADO PKWY	CITY-ST-ZIP: CAPE CORAL, FL 33914	
TITLE: Treasurer/Director	NAME: Perry Curasco	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1310 SW 20th ST	CITY-ST-ZIP: CAPE CORAL, FL 33991	
TITLE: Director	NAME: Chris Schroeder	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2610 SW 46th TERR	CITY-ST-ZIP: CAPE CORAL, FL 33914	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

12. I hereby certify 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:  **2/27/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #