2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736244

City-St-Zip:

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

PORT CHARLOTTE, FL 33983

12577 SW KINGSWAY CR

13043 KINSWAY CIRCLE

LAKE SUZY, FL 34266

WALDRON, EUGENE

ARCADIA, FL 34266

11231 SW THORNTON AVE

LAKE SUZY, FL 34269

MCALPINE, GLEN

BISHOP, BRAD

() Delete

() Delete

() Delete

Entity Name: KINGSWAY COUNTRY CLUB, INCORPORATED

FILED Mar 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13625 SW KINGSWAY CIR LAKE SUZY, FL 34269 **Current Mailing Address: New Mailing Address:** 13625 SW KINGSWAY CIR LAKE SUZY, FL 34269 US FEI Number: 59-1679966 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARR, DAROL 115 WEST OLYMPIA AVE P.O. DRAWER 511447 PUNTA GORDA, FL 33951 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete TRONCIN, JIM Name: Name: 12856 SW PEMBROKE CR Address: Address: City-St-Zip: LAKE SUZY, FL 34269 City-St-Zip: Title: Title: () Delete () Change () Addition Name: UEBELACKER, MATTHEW Name: Address: 11730 SW DALLAS DR. N Address: City-St-Zip: LAKE SUZY, FL 34269 City-St-Zip: Title: () Delete Title: (X) Change () Addition KRATZER, MATTHEW Name: PRESTININZI, FRANK Name: 18140 BRACKEN CR Address: Address: 11340 S.W. ESSEX DR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

City-St-Zip:

Title:

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

LAKE SUZY, FL 34269

BAXTER, ROBERT

11280 S.W. ESSEX DR.

LAKE SUZY, FL 34269

() Change () Addition

(X) Change () Addition

() Change () Addition

SIGNATURE: MATT UEBELACKER P 03/05/2004

above, or on an attachment with an address, with all other like empowered.