



**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

4/30

04-30-2004 90403 001 \*\*\*857.50  
 05-06-2004 90166 050 \*\*\*70.00

<b>DOCUMENT # N03000000624</b>			
1. Entity Name <b>PARKLAND GOLF &amp; COUNTRY CLUB FOUNDATION, INC.</b>			
Principal Place of Business <b>11575 HERON BAY BLVD CORAL SPRINGS, FL 33076</b>		Mailing Address <b>11575 HERON BAY BLVD CORAL SPRINGS, FL 33076</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	County	Zip	County
4. FFI Number <b>02-0676323</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$9.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HASTINGS, VIVIAN 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered name signature required when substituted) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMIETANA, MARK</b>	NAME	
STREET ADDRESS	<b>11575 HERON BAY BLVD</b>	STREET ADDRESS	
CITY- ST- ZIP	<b>CORAL SPRINGS, FL 33076</b>	CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALUSKAA, ANDRE</b>	NAME	<b>Haluska, Andre</b>
STREET ADDRESS	<b>11575 HERON BAY BLVD</b>	STREET ADDRESS	
CITY- ST- ZIP	<b>CORAL SPRINGS, FL 33076</b>	CITY- ST- ZIP	
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLAVE, ROSA</b>	NAME	<b>Hill, Robert T.</b>
STREET ADDRESS	<b>11575 HERON BAY BLVD</b>	STREET ADDRESS	<b>24301 Walden Center Dr</b>
CITY- ST- ZIP	<b>CORAL SPRINGS, FL 33076</b>	CITY- ST- ZIP	<b>Bonita Springs, FL 34134</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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 error like empowered.			
SIGNATURE: 		Mark Smetana 04/20/2004 239-498-8605	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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