

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 01, 2004
Secretary of State**

DOCUMENT# N38012

Entity Name: SEMINOLE GOLF CLUB, INC.

Current Principal Place of Business:

901 SEMINOLE BLVD.
JUNO BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

901 SEMINOLE BLVD.
JUNO BEACH, FL 33408 US

New Mailing Address:

FEI Number: 59-0441130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANDY, LOU
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

HAMBY, LOU
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480 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: LOU HAMBY 07/01/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: FERNANDEZ, LUIS J
Address: 246 EDEN ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: DVP () Delete
Name: JACKSON, LABAN P
Address: 2665 N. OCEAN BLVD
City-St-Zip: GULFSTREAM, FL 33483

Title: S () Delete
Name: VARDAMAN, JACK
Address: 4411 HADFIELD LANE, NW
City-St-Zip: WASHINGTON, DC 20007

Title: PD () Delete
Name: NEHER, TIMOTHY
Address: 11526 TURTLE BEACH ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: TIMOTHY NEHER PD 07/01/2004

Electronic Signature of Signing Officer or Director Date