FILED
Feb 28, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 323712

1. Entity Name
WEST MEADOWS GOLF CLUB, INC.

Principal Place of Business
11400 WEST MEADOWS DR
JACKSONVILLE, FL 32221

Mailing Address
11400 WEST MEADOWS DR
JACKSONVILLE, FL 32221

02132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1223362

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARUSO, CHRIS
11400 WEST MEADOWS DR
5128 PEBBLE ISLE DR.
JACKSONVILLE, FL 32221

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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 _____ DATE
Signature, if changing registered agent, required (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000070989
03/01/04-80053-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARUSO, CHRIS
STREET ADDRESS	11400 W. MEADOWS DR.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	SD
NAME	TRUITT, ELIZABETH
STREET ADDRESS	11400 W. MEADOWS DR.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	TD
NAME	CARUSO, SAMUEL F
STREET ADDRESS	11400 W. MEADOWS DR.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	KNIGHT, VIRGINIA
STREET ADDRESS	11400 W. MEADOWS DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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 empowered.

SIGNATURE: Samuel F. Caruso (D) 2/13/04 904-781-4834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #