


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2005 08:00 AM
Secretary of State

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-1223362		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARUSO, CHRIS 11400 WEST MEADOWS DR 5128 PEBBLE ISLE DR. JACKSONVILLE FL 32221		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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____


FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete	NAME CARUSO, CHRIS	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11400 W. MEADOWS DR.		NAME	
CITY - ST - ZIP JACKSONVILLE FL		STREET ADDRESS	
TITLE SD <input type="checkbox"/> Delete	NAME TRUITT, ELIZABETH	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11400 W. MEADOWS DR.		NAME	
CITY - ST - ZIP JACKSONVILLE FL		STREET ADDRESS	
TITLE TD <input type="checkbox"/> Delete	NAME CARUSO, SAMUEL F	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11400 W. MEADOWS DR.		NAME	
CITY - ST - ZIP JACKSONVILLE FL		STREET ADDRESS	
TITLE D <input type="checkbox"/> Delete	NAME KNIGHT, VIRGINIA	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11400 W. MEADOWS DRIVE		NAME	
CITY - ST - ZIP JACKSONVILLE FL		STREET ADDRESS	
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	

100000296656
04/09/05-80073-021 150.00

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 Treasurer** **04/06/05 904-781-4834**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Daytime Phone #**