2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #441831

FILED Feb 16, 2004 8:00 am Secretary of State 02-16-2004 90040 028 ***150.00

1. Entity Name SUNNYBREEZE PALMS GOLF COURSE, INC.										
Principal Place of Business 8135 S.W. SUNNYBREEZE RD. ARCADIA, FL 34269 US		Mailing Address 8135 S.W. SUNNYBREEZE RD. ARCADIA, FL 34269 US			1 10074 010011	 Nigar kadal kadan dital kada	- Biria Babia Babii	OJĖNI BITII TITI		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082004	Chg-P	CR2E03	34 (10/03)			
City & State		City & State			4. FEI Numbe 59-1505				plied For t Applicable	
Zip	Country	Zip	Country		l.,	of Status Desired	L F	8.75 Add ee Required	d	
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New R	egistered A	gent 🖘	5 7 6 6 7 7 2	
BAKER, WILLIAM D				Name						
	SUNNYBREEZE RD	Street Addres			s (P.O. Box Number is Not Acceptable)					
·			City					Zip Code		
						- !- »- C4 El-	FL			
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaigr Trust Fund Contrib			.00 May Be led to Fees					
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF				
TITLE	PDT	☐ Delete	TITLE					Change	☐ Addition	
NAME CTREET ADDRESS	BAKER, WILLIAM D.		NAME STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP	8384 SW SUNNY BREEZE RD ARCADIA, FL		CITY-ST-ZIP							
TITLE	VPD	☐ Delete	TITLE				- 01 - 1 - 0100	☐ Change	Addition	
NAME	BAKER, KATHRYN A.		NAME							
STREET ADDRESS	8384 SW SUNNY BREEZE RD		STREET ADDRESS							
CITY-ST-ZIP	ARCADIA, FL	Delete	CITY-ST-ZIP		•			X Change	☐ Addition	
TITLE NAME	COOLEY, BROOKE K	Li pelele	NAME							
STREET ADDRESS	11614 THORNTON RD		STREET ADDRESS	860	12 2 m 2	unybreeze	e Ha			
CITY-ST-ZIP	ARCADIA, FL		CITY-ST-ZIP	BY-	cadia, Fl				P-3	
TITLE	D COLLEY BORERT	Delete	TITLE NAME	C ~	Nev e.	hart		X Change	Addition	
NAME STREET ADDRESS	COLLEY, ROBERT 8384 SW SUNNYBREEZE RD		STREET ADDRESS	860	15 500 50	obert Innybreeze	Rd			
CITY-ST-ZIP	ARCADIA, FL 34269		CITY-ST-ZIP	Arc	adia, FL					
TITLE		☐ Delete	TITLE					☐ Change	Addition 🗌	
NAME	* 0.4		NAME Street Address							
STREET ADDRESS CITY-ST-ZIP	f		CITY-ST-ZIP	-						
TITLE		Delete	TITLE					☐ Change	Addition	
NAME		100 161 4 00 007	NAME	1713	and a Fers					
STREET ADDRESS	THE COLUMN TO BE SEEN TO SEE	i granda Canbala	STREET ADDRESS	".	17			_		
CITY-ST-ZIP	,	ANT SHE TO AND THE SECOND	CITY-ST-ZIP	lod in C	antion 119 07/91	i). Florida Statutes	I further cert	tify that the i	nformation	
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.										

WONEPERF

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR