## 2009 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 457180** 

Name: Address:

City-St-Zip:

5211 MANATEE AVE W

BRADENTON, FL 34209 US

Entity Name: PALMETTO PINES GOLF COURSE, INC

FILED Nov 02, 2009 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

5211 MANATEE AVE W 6220 MANATEE AVENUE WEST

BRADENTON, FL 34206 SUITE 201 US

BRADENTON, FL 34209 US

**Current Mailing Address:** New Mailing Address:

POB 9768 POB 280

BRADENTON, FL 34206 US BRADENTON, FL 34206 US

FEI Number: 59-1561416 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KNOWLES, TIMOTHY A ESQ. KNOWLES, TIMOTHY A ESQ 1205 MANÁTEE AVE W 1205 MANATEE AVE W BRADENTON, FL 34209 BRADENTON, FL 34205 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: TIMOTHY A. KNOWLES 11/02/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition () Delete Title: BROWN, GENE BROWN, GENE Name: Name:

5211 MANATEE AVE W 6220 MANATEE AVENUE WEST, SUITE 201 Address: Address:

City-St-Zip: BRADENTON, FL 34209 US City-St-Zip: BRADENTON, FL 34209 US

DV DV () Delete Title: Title: (X) Change ( ) Addition

Name: MILLER, HUGH Name: MILLER, HUGH

5211 MANATEE AVE W 6220 MANATEE AVENUE WEST, SUITE 201 Address: Address:

BRADENTON, FL 34209 US BRADENTON, FL 34209 US City-St-Zip: City-St-Zip:

Title: Title: DT () Delete (X) Change ( ) Addition JONSSON, STEVE WEEKS, CARL Name: Name:

5211 MANATEE AVE W 6220 MANTAEE AVENUE WEST Address: Address:

City-St-Zip: BRADENTON, FL 34209 US City-St-Zip: BRADENTON, FL 34209 US

Title: ED (X) Delete Title: () Change () Addition WEEKS, CARL

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL WEEKS SEC 11/02/2009