

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 650761

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** FOR THE LOVE OF GOLF, INC.

**Current Principal Place of Business:**

9765 N TAMIAMI TRL  
NAPLES, FL 34108 US

**New Principal Place of Business:**

**Current Mailing Address:**

9765 N TAMIAMI TRAIL  
NAPLES, FL 34108 US

**New Mailing Address:**

**FEI Number:** 59-2097161

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PODOLSKI, FLORINE  
9765 N TAMIAMI TRL  
NAPLES, FL 34108 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PODOLSKI, FLORINE  
Address: 9765 N TAMIAMI TRL  
City-St-Zip: NAPLES, FL 34108

Title: S  
Name: LOGAN, MICHAEL  
Address: 633 POMPANO DRIVE  
City-St-Zip: NAPLES, FL 34110

Title: P  
Name: PODOLSKI, CHRISTA  
Address: 9123 STRADA PLACE #7505  
City-St-Zip: NAPLES, FL 34108

Title: VP  
Name: LOGAN, LORI  
Address: 633 POMPANO DRIVE  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: PODOLSKI, MICHAEL  
Address: 9765 TAMIAMI TRAIL, N.  
City-St-Zip: NAPLES, FL 34108

Title: T  
Name: LOGAN, ROBERT  
Address: 633 POMPANO DRIVE  
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

SIGNATURE: FLORINE PODOLSKI

D

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date