

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90066 022 \*\*\*\*61.25

**DOCUMENT # 703205**

1. Entity Name  
**SAN JOSE COUNTRY CLUB**



Principal Place of Business  
**7529 SAN JOSE BLVD  
JACKSONVILLE, FL 32217**

Mailing Address  
**7529 SAN JOSE BLVD  
JACKSONVILLE, FL 32217**

**60020755**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-0587258**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IRWIN, SCOTT R  
7529 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME COFER, CHARLES  
STREET ADDRESS 1147 GREENRIDGE RD  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE PD ☐ Change ☒ Addition  
NAME COSTA, ROBERTO  
STREET ADDRESS 911 Granada Blvd S  
CITY-ST-ZIP Jacksonville FL 32207

TITLE TD ☒ Delete  
NAME KIRCHHCFF, DOUG  
STREET ADDRESS 4314 GADSDEN CT  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE TD ☐ Change ☒ Addition  
NAME Howard, Gary  
STREET ADDRESS 1683 Rivergate Trail  
CITY-ST-ZIP Jacksonville, FL 32223

TITLE SD ☐ Delete  
NAME BLOOMER, JAMES  
STREET ADDRESS 7304 SAN CARLOS RD  
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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:

*James D. Bloomer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James Bloomer, Sec 2/1/07 904 733 2020*  
Date Daytime Phone #