

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90166 006 \*\*\*150.00

**DOCUMENT # 708769**

1. Entity Name  
**PUNTA GORDA COUNTRY CLUB, INC.**



Principal Place of Business  
**6100 DUNCAN ROAD**  
**PUNTA GORDA, FL 33951 US**

Mailing Address  
**PO BOX 511716**  
**PUNTA GORDA, FL 33951 US**

**50047445**



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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04282005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1147044**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HAGEN, BRUCE F**  
**1718 LOS ALAMOS DR.**  
**PUNTA GORDA, FL 33950**

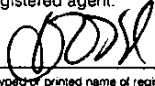
7. Name and Address of New Registered Agent

Name  
**Jack O. Hackett II**

Street Address (P.O. Box Number is Not Acceptable)  
**Farr Law Firm**  
**99 Nesbit Street**

City  
**Punta Gorda FL 33950**

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  DATE **4/29/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAGEN, BRUCE F 1718 LOS ALAMOS DR PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEAN, JAMES L 25188 E MARION AVE VILLA 20 PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, GERALD D 113 MORNINGSTAR DR PUNTA GORDA, FL 33982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRASSWELLER, JAMES 27110 JONES LOOP # 94 PUNTA GORDA, FL 33982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSCHLE, JIM 2080 VIA ESPLANADE PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEAN, WILLIAM 447 BLOSSOM AVE NW PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMITENDORF, FRANK 27110 JONES LOOP RD PUNTA GORDA, FL 33982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEAN, JAMES L 25188 E MARION AVE VILLA 20 PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITE, GERALD D 113 MORNINGSTAR DR PUNTA GORDA, FL 33982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHEA, JOHN 3501 PEACE RIVER DR PUNTA GORDA, FL 33983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEST, JACK 5310 ALMAR DRIVE PUNTA GORDA, FL 33982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 IRE empowered.

SIGNATURE:  DATE: **April 29, 2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR