


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 24, 2006 8:00 am**  
**Secretary of State**

08-24-2006 90061 047 \*\*\*\*61.25

**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**

50026128



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

08142006 Chg-NP CR2E037 (4/06)

City & State  
 City & State

Zip Country Zip Country

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**

**HACKETT, JACK O II**  
**FARR LAW FIRM**  
**99 NESBIT STREET**  
**PUNTA GORDA, FL 33950**

**7. Name and Address of New Registered Agent -**

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 September 6, 2006**

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	VPD DEAN, JAMES L 25188 E MARION AVE VILLA 20 PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITE, GERALD D 113 MORNINGSTAR DR PUNTA GORDA, FL 33982 <input checked="" 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 checked="" 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 SCHMITEN DORF, FRANK 22400 GLENEAGLES TERRACE PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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 BEST, JACK 22400 GLENEAGLES TERRACE PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODGERS, JAMES 22400 GLENEAGLES TERRACE PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEA, JOHN 22400 GLENEAGLES TERRACE PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GEAN, WILLIAM 447 BLOSSOM AVE NW PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:** William Gean **8/15/06** **941-625-4100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50026128

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (CONT'D.)

DOCUMENT #708769

BLOCK 11

TITLE: D

NAME: SEVERSEIKE, ODEAN

STREET ADDRESS: 22400 GLENEAGLES TERRACE

CITY-ST-ZIP: PORT CHARLOTTE, FL 33952