


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90205 045 \*\*\*\*61.25

**DOCUMENT # 708769**  
 1. Entity Name  
 PORT CHARLOTTE GOLF CLUB, INC.



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

Mailing Address  
 PO BOX 511716  
 PUNTA GORDA, FL 33951 US

40070930

2. Principal Place of Business - No P.O. Box #  
 22400 GLENEAGLES TERRACE

3. Mailing Address  
 JACK O. HACKETT II  
 99 NESBIT STREET

City & State  
 PORT CHARLOTTE FL

City & State  
 PUNTA GORDA FL

Zip  
 33952

Country  
 USA



04122007 Chg-NP CR2E037 (12/06)

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HAGEN, BRUCE F 1718 LOS ALAMOS DR PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOUNG, TOM 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"/> Delete	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	D SCHMITENDORF, FRANK 22400 GLEN EAGLES TERRACE PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEVERSEIKE, ODEAN 22400 GLENEAGLES TERRACE PORT CHARLOTTE FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRASSWELLER, JAMES 27110 JONES LOOP # 94 PUNTA GORDA, FL 33982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUINN, JUDI 22400 GLENEAGLES TERRACE PORT CHARLOTTE FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEST, JACK 22400 GLENEAGLES TERRACE PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVERLY, CLIFF 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEMP, LANCE 22400 GLENEAGLES TERRACE PORT CHARLOTTE FL 33952 <input type="checkbox"/> Change <input checked="" 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:** *Jack Best* **4/13/07** **941-625-4100**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JACK BEST, TREASURER

ATTACHMENT 40070930  
#708769

10. Officers and Directors (cont.)

D  
GORIS, CAROL  
22400 GLENEAGLES TERRACE  
PORT CHARLOTTE, FL 33952

D  
PLOTTS, KEN  
22400 GLENEAGLES TERRACE  
PORT CHARLOTTE, FL 33952