
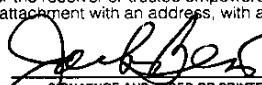


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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	
2. Principal Place of Business - No P.O. Box # 22400 GLENEAGLES TERRACE				3. Mailing Address PO BOX 511716 99 NESBIT STREET	
Suite, Apt. #, etc. 				Suite, Apt. #, etc. 	
City & State PORT CHARLOTTE FL				City & State PUNTA GORDA FL	
Zip 33952		Country USA		Zip 33950	
Country USA		4. FEI Number 59-1147044			
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="text-align: right;">FL Zip Code</div>	
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 _____ (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. <input type="checkbox"/>		\$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: 			4/13/07 941-625-4100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JACK BEST, TREASURER			Date Daytime Phone #		

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