


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90028 009 ****61.25

DOCUMENT # 708769 1. Entity Name PORT CHARLOTTE GOLF CLUB, INC.					
Principal Place of Business 22400 GLENEAGLES TERRACE PORT CHARLOTTE, FL 33952 US			Mailing Address C/O JACK O HACKETT II 99 NESBIT STREET PUNTA GORDA, FL 33950 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1147044	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HACKETT, JACK O II FARR LAW FIRM 99 NESBIT STREET PUNTA GORDA, FL 33950				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	VD YOUNG, TOM <input checked="" type="checkbox"/> Delete		TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	22400 GLENEAGLES TERRACE		NAME	BEST, JACK	
STREET ADDRESS	PORT CHARLOTTE, FL 33952		STREET ADDRESS	22400 GLENEAGLES TERRACE	
CITY-ST-ZIP			CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHEA, JOHN		NAME	PLOTTS, KEN	
STREET ADDRESS	22400 GLENEAGLES TERRACE		STREET ADDRESS	22400 GLENEAGLES TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	D <input type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SEVERSEIKE, ODEAN		NAME	HARGROVE, BARBARA	
STREET ADDRESS	22400 GLEN EAGLES TERRACE		STREET ADDRESS	22400 GLENEAGLES TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	SD <input type="checkbox"/> Delete		TITLE		
NAME	QUINN, JUDI		NAME		
STREET ADDRESS	22400 GLENEAGLES TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE		
NAME	BEVERLY, CLIFF		NAME		
STREET ADDRESS	22400 GLENEAGLES TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE		
NAME	KEMP, LANCE		NAME		
STREET ADDRESS	22400 GLENEAGLES TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>April 18, 2008</u> Daytime Phone # <u>941-575-6361</u>		