2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State
09-09-2004 90009 034 ****61.25

DOCUMENT# 712864

1. EntityName
MISSIONVALLEYGOLFANDCOUNTRYCLUB,INC.

PrincipalPlaceofBusiness	MailingAddress
1851 MISSION VALLEY BLVD LAUREL, FL 34272 US	PO BOX 266 LAUREL, FL 34272 US

08312004 Chg-NP CR2E037 (10/03)

2. PrincipalPlaceofBusiness	3. MailingAddress
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State	City&State
Zip / Country	Zip / Country

4. FEINumber 59-1230602 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
HORLICK,MICHAEL 604APALACHICOLARD. VENICE,FL34275	Name StreetAddress (P.O.BoxNumberisNotAcceptable) City **FL** ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating)

Filing Fee Is $61.25
Due by September 8, 2004

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

Make check payable to Florida Department of State

10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN10		
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	VD HOEFFEL,BRUCE 4539LONGSPURLANE SARASOTA,FL34238	☒ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	EALES, KENNETH 2246 SONOMA DRIVE NOKOMIS, FL 34275	☒ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	TD COLLINS,DAVID 567FALLBROOK VENICE,FL34292	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	SD URBANSKI,DOMENICAP 1975WHITEFEATHERLANE NOKOMIS,FL34275	☒ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	SD MULLER, Roger 181 LOOKOUT POINT DRIVE OSPREY, FL 34229	☒ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	PD SLATTERY,TOM 460ANCHORAGEDR NOKOMIS,FL34275	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. Ihereby 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 d 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: _____
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#