

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90039 023 \*\*\*\*61.25

**20064678**



07142005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 712864</b> 1. Entity Name MISSION VALLEY GOLF AND COUNTRY CLUB, INC.					
Principal Place of Business 1851 MISSION VALLEY BLVD LAUREL, FL 34272 US			Mailing Address PO BOX 266 LAUREL, FL 34272 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1230602</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HORLICK, MICHAEL</b> <b>604 APALACHICOLA RD.</b> <b>VENICE, FL 34275</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HOEFFEL, BRUCE</b> <b>2246 SONOMA DR</b> <b>NOKOMIS, FL 34275</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Kenneth Eales</b> <b>2246 SONOMA DR</b> <b>NOKOMIS, FL 34275</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>COLLINS, DAVID</b> <b>567 FALLBROOK</b> <b>VENICE, FL 34292</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>PAUL BASHAM</b> <b>1599 UGRMEER DR</b> <b>NOKOMIS, FL 34275</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>URBANSKI, DOMENICA P</b> <b>181 LOOKOUT POINT DR</b> <b>OSPREY, FL 34229</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ROGER MULIER</b> <b>181 LOOKOUT POINT DR.</b> <b>OSPREY, FL 34229</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SLATTERY, TOM</b> <b>460 ANCHORAGE DR</b> <b>NOKOMIS, FL 34275</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DAVID COLLINS</b> <b>567 FALLBROOK</b> <b>VENICE, FL 34292</b>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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 that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>			<b>15 July 05 941-488-9683</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		