

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90005 042 ****61.25

DOCUMENT # 712864

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

40095382



05262006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-1230602

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORLICK, MICHAEL
604 APALACHICOLA RD.
VENICE, FL 34275

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 6, 2006

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	EALES, KENNETH	
STREET ADDRESS	2246 SONOMA DR	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BASHAM, PAUL	
STREET ADDRESS	1599 EGRMEER DR	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MULIER, ROGER	
STREET ADDRESS	181 LOOKOUT POINT DR	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, DAVID	
STREET ADDRESS	567 FALLBROOK	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY D. PRETE	
STREET ADDRESS	2022 MICANOPY TRAIL	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDITH MILLER	
STREET ADDRESS	1109 SHERBORWAY	
CITY-ST-ZIP	OSPREY, FL 34229	

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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR