

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90035 017 \*\*\*\*61.25

**DOCUMENT # 717696**

1. Entity Name

PALMETTO-PINE COUNTRY CLUB, INC.



Principal Place of Business

1940 SW 9TH CT  
~~BOX 445~~  
CAPE CORAL FL 33991  
US

Mailing Address

P.O. BOX 150429  
CAPE CORAL FL 33915

2. Principal Place of Business

1940 SW 9th CT

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip



MOORE

CR2E037 (11/03)

4. FEI Number

59-1294502

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLSSON, ROBERT  
209 EL DORADO PKWY  
CAPE CORAL FL 33914

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

*Robert Olsson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	RODNEY, ROAN	
STREET ADDRESS	1545 WHITE SHELL WAY	
CITY - ST - ZIP	NORTH FORT MYERS FL 33903	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	OLSSON, ROBERT	
STREET ADDRESS	209 EL DORADO PKWY	
CITY - ST - ZIP	CAPE CORAL FL 33914	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CURASCO, PERRY	
STREET ADDRESS	1310 SW 20TH ST.	
CITY - ST - ZIP	CAPE CORAL FL 33991	
TITLE	D	<input type="checkbox"/> Delete
NAME	LLOYD, DONNA	
STREET ADDRESS	806 SE 27TH TERR.	
CITY - ST - ZIP	CAPE CORAL FL 33904	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCHROEDER, CHRIS	
STREET ADDRESS	2610 SW 46TH TERRACE	
CITY - ST - ZIP	CAPE CORAL FL 33914	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, MARILYN	
STREET ADDRESS	2161 LOCHMOOR CIR	
CITY - ST - ZIP	FORT MYERS FL 33903	

TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Olsson	
STREET ADDRESS	209 EL DORADO PKWY	
CITY - ST - ZIP	Cape Coral, FL 33914	
TITLE	Treasurer / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perry Curasco	
STREET ADDRESS	1310 SW 20th ST	
CITY - ST - ZIP	Cape Coral, FL 33991	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris Schroder	
STREET ADDRESS	2610 SW 46th TERR	
CITY - ST - ZIP	Cape Coral, FL 33914	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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.

SIGNATURE

*Robert Olsson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/04