


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90024 042 \*\*\*\*61.25

<b>DOCUMENT # 717696</b> 1. Entity Name <b>PALMETTO-PINE COUNTRY CLUB, INC.</b>					
Principal Place of Business <b>1940 SW 9TH CT CAPE CORAL FL 33991 US</b>			Mailing Address <b>P.O. BOX 150429 CAPE CORAL FL 33915</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1294502</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>OLSSON, ROBERT 209 EL DORADO PKWY CAPE CORAL FL 33914</b>				7. Name and Address of New Registered Agent Name <b>Kenneth L. Killian</b> Street Address (P.O. Box Number is Not Acceptable) <b>852 SW 18th Terrace</b> City <b>Cape Coral</b> FL Zip Code <b>33991</b>	
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 <i>Kenneth L. Killian</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>3/23/05</b>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 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	D RODNEY, ROAN 1545 WHITE SHELL WAY NORTH FORT MYERS FL 33903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kenneth L. Killian 852 SW 18th Terr. Cape Coral, FL 33991	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLSSON, ROBERT 209 EL DORADO PKWY CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Michael Kelly 2542 SW 38th Terrace Cape Coral, FL 33914	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURASCO, PERRY 1310 SW 20TH ST. CAPE CORAL FL 33991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edward Fitzpatrick 2709 SE 17th Place Cape Coral, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROEDER, CHRIS 2610 SW 46TH TERRACE CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kenneth Laborde 9182 Palm Island Cir N. Ft. Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, MARILYN 2161 LOCHMOOR CIR FORT MYERS FL 33903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Maher 1833 Piccadilly Cir. Cape Coral, FL 33991	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Tony Wilson 1309 SW 21ST TERR Cape Coral, FL 33991	<input checked="" 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.					
SIGNATURE: <i>Kenneth L. Killian</i>				DATE: <b>3/23/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	