

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90049 010 ****61.25

DOCUMENT # 717696

1. Entity Name

PALMETTO-PINE COUNTRY CLUB, INC.



Principal Place of Business

1940 SW 9TH CT
CAPE CORAL FL 33991
US

Mailing Address

P.O. BOX 150429
CAPE CORAL FL 33915

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)



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

KILLION, KENNETH L
852 SW 18TH TERR
CAPE CORAL FL 33991

7. Name and Address of New Registered Agent

Name Bobby Driskell
Street Address (P.O. Box Number is Not Acceptable)
5649 Riverside Dr.

City Cape Coral FL Zip Code 33904

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

Bobby E. Driskell

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

(NOTE: Registered Agent signature required when reappointing)

DATE

3-9-06

FILE NOW: FEE IS \$61.25
Due By May 1, 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	P	<input checked="" type="checkbox"/> Delete
NAME	KILLION, KENNETH L	
STREET ADDRESS	852 SW 18TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KELY, MICHAEL I	
STREET ADDRESS	2452 SW 38TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITZPATRICK, EDWARD	
STREET ADDRESS	2709 SE 17TH PL	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CURASCO, PERRY	
STREET ADDRESS	1310 SW 20TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, MARILYN	
STREET ADDRESS	2161 LOCHMOOR CIR	
CITY-ST-ZIP	FORT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	LABORDE, KENNETH	
STREET ADDRESS	9182 PALM ISLAND CIR	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bobby Driskell	
STREET ADDRESS	5649 Riverside Dr.	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Horn	
STREET ADDRESS	3350 N. Key Dr. Apt B-611	
CITY-ST-ZIP	N. Ft. Myers, FL 33903	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rose DeForrest	
STREET ADDRESS	1435 SW 57th Terr	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Kelly	
STREET ADDRESS	2452 SW 38th Terr	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sal Grosso	
STREET ADDRESS	927 SE 21ST ST	
CITY-ST-ZIP	Cape Coral, FL 33990	
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 exemptions contained in Section 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: x

Bobby E. Driskell

3-9-06 (239) 574-7262