

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90403 010 \*\*\*\*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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>1940 SW 9TH CT</b> Suite, Apt. #, etc.	
City & State Zip		City & State <b>CAPE CORAL, FL</b> Zip <b>33991</b>	
4. FEI Number <b>59-1294502</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> <b>DRISKELL, BOBBY</b> <b>5649 RIVERSIDE DR</b> <b>CAPE CORAL, FL 33904</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>MCCLURE, JAMES</b> Street Address (P.O. Box Number is Not Acceptable) <b>1204 SW 16TH TERRACE</b> City <b>CAPE CORAL</b> <b>FL</b> 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 <u><i>James J. McClure</i></u> <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE <u><i>4/21/08</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</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>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRISKELL, BOBBY 5649 RIVERSIDE DR CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCLURE, JAMES 1204 SW 16TH TERRACE CAPE CORAL, FL 33991 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARIOT, RICHARD 2620 NW 18TH TERR CAPE CORAL, FL 33993 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCLURE, JAMES 1204 SW 16TH TERRACE CAPE CORAL, FL 33991 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SELBY, MARK 4235 SE 20TH AVE, # 17-403 CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRATT, DAVID 1709 SW 15TH AVE CAPE CORAL, FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INNOCENTI, VINCENT 3386 N. KEY DR #A8 N. FT. MYERS, FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAWLER, ROBERT 528 SE 21ST AVE CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAY, MARC 12000 SHOREVIEW DR MATHACHA, FL 33993 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABORDE, KENNETH 9182 PALM ISLAND CIR NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 612219, CARMINE 2820 SE 22ND AVE CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u><i>James J. McClure</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u><i>4/21/08</i></u> (239) 458-3790 <small>Date Daytime Phone #</small>	