

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725167

FILED
Mar 04, 2008
Secretary of State

Entity Name: PEACE RIVER GOLF CONDOMINIUM NO 100 INC

Current Principal Place of Business:

220 N IDLEWOOD AVE
UNIT 202
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

220 N IDLEWOOD AVE
UNIT 202
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-2334029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, WILLIAM J
220 N IDLEWOOD AVE
UNIT 202
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOWERY, SCOTT
Address: 220 N IDLEWOOD, UNIT 208
City-St-Zip: BARTOW, FL 33830

Title: VP () Delete
Name: SMITH, JOAN
Address: 220 N. IDLEWOOD UNIT 205
City-St-Zip: BARTLOW, FL 33830

Title: D () Delete
Name: TUCKER, GERALD
Address: 220 N IDLEWOOD AVE UNIT 108
City-St-Zip: BARTOW, FL 33830

Title: ST () Delete
Name: FOWLER, WILLIAM J
Address: 220 N IDLEWOOD AVE UNIT 202
City-St-Zip: BARTOW, FL 33830

Title: P () Delete
Name: ANDERSON, TRACY
Address: 220 N. IDLEWOOD, UNIT 207
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: TUCKER, ASHLEY
Address: 202 IDLEWOOD AVE. UNIT 206
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J FOWLER

SEC

03/04/2008

Electronic Signature of Signing Officer or Director

Date