

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736244

FILED
Mar 24, 2009
Secretary of State

Entity Name: KINGSWAY COUNTRY CLUB, INCORPORATED

Current Principal Place of Business:

13625 SW KINGSWAY CIR
LAKE SUZY, FL 34269 US

New Principal Place of Business:

Current Mailing Address:

C/O DAVID A. HOLMES
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 59-1679966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, DAVID A
99 NESBIT ST
PUNTA GORDA, FL 33950 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: P () Delete
Name: FARHAT, ROCKY
Address: 12640 S.W. KINGSWAY CIRCLE
City-St-Zip: LAKE SUZY, FL 34269

Title: VP () Delete
Name: UEBELACKER, MATT
Address: 11730 SW DALAS DRIVE, NORTH
City-St-Zip: LAKE SUZY, FL 34269

Title: S () Delete
Name: STRUB, DALE
Address: 11431 SW COURTNEY DRIVE
City-St-Zip: LAKE SUZY, FL 34269

Title: T () Delete
Name: HACKNEY, BILL
Address: 504 EAST OAK STREET
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: WALDRON, EUGENE
Address: 124 N. BREVARD AVENUE
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: HAMILTON, ROBERT
Address: P.O. BOX 29
City-St-Zip: ARCADIA, FL 34265

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
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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: ROCKY FARHAT

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date