


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90079 040 \*\*\*\*61.25

<b>DOCUMENT # 755012</b>	
1. Entity Name <b>SAINT ANDREWS SOUTH GOLF CLUB, INC.</b>	

Principal Place of Business <b>1901 DEBORAH DRIVE PUNTA GORDA FL 33950</b>	Mailing Address <b>1901 DEBORAH DRIVE PUNTA GORDA FL 33950</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>59-2057048</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



MOORE CR2E037 (11/03)

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>DURST, LESTER E.</b> <b>115 WEST OLYMPIA AVENUE</b> <b>PUNTA GORDA FL 33950</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HEINE, WARREN</b> <b>2061 VIA SEVILLE</b> <b>PUNTA GORDA FL 33950</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ALOISI, JOHN</b> <b>1412 SEA FAN DR.</b> <b>PUNTA GORDA FL 33950</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>KAPLAN, RICHARD</b> <b>2067 PADRE ISLAND DR.</b> <b>PUNTA GORDA FL 33950</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ebert, Chip</b> <b>4111 Gingold Street</b> <b>Port Charlotte FL 33948</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LOUGHMAN, MASSEY</b> <b>246 VENEZIA CT.</b> <b>PUNTA GORDA FL 33950</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP</b> <b>Kingsley, Donald</b> <b>3912 Crooked Island Dr</b> <b>Punta Gorda FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:** *Lester E. Durst* **3/31/04** **(941)639-5261**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #