

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 25, 2008 8:00 am**  
**Secretary of State**

06-25-2008 90009 025 \*\*\*\*70.00

**DOCUMENT # 755012**  
 1. Entity Name  
 SAINT ANDREWS SOUTH GOLF CLUB, INC.



**40109076**

Principal Place of Business  
 1901 DEBORAH DRIVE  
 PUNTA GORDA, FL 33950

Mailing Address  
 1901 DEBORAH DRIVE  
 PUNTA GORDA, FL 33950



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

05122008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
 59-2057048

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 PETERSON, ROBERT  
 1901 DEBORAH DRIVE  
 PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

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	PD	<input type="checkbox"/> Delete
NAME	PETERSON, ROBERT	
STREET ADDRESS	3606 BONAIRE CT	
CITY - ST - ZIP	PUNTA GORDA, FL 33950	
TITLE	TDVP	<input checked="" type="checkbox"/> Delete
NAME	MCELHENIE, RICHARD	
STREET ADDRESS	4015 TURTLE DOVE CIRCLE	
CITY - ST - ZIP	PUNTA GORDA, FL 33950	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRENTANO, MICHAEL	
STREET ADDRESS	3965 LA COSTA ISLAND	
CITY - ST - ZIP	PUNTA GORDA, FL 33950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	TDVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES MCHANNON	
STREET ADDRESS	11661 CASEY KEY DRIVE	
CITY - ST - ZIP	PUNTA GORDA, FL 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 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: DATE: 5/15/08 DAYTIME PHONE #: 941.639.5261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR