

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 829764**

1. Entity Name  
**GOLF HOST RESORTS, INC.**



Principal Place of Business

**36750 US HWY 19 N  
PALM HARBOR, FL 34684 US**

Mailing Address

**36750 US HWY 19 N  
PALM HARBOR, FL 34684 US**

**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number

**84-0631130**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	KLEEMAN, MERRICK R
STREET ADDRESS	591 W PUTNAM AVE
CITY- ST- ZIP	GREENWICH, CT 06830
TITLE	EVP
NAME	DISHNER, JEFFREY
STREET ADDRESS	591 W. PUTNAM AVE
CITY- ST- ZIP	GREENWICH, CT 06830
TITLE	EVP
NAME	SILVEY, JEROME C
STREET ADDRESS	591 W PUTNAM AVE
CITY- ST- ZIP	GREENWICH, CT 06830
TITLE	VP
NAME	WILT, KEITH R
STREET ADDRESS	36750 US HWY 19, N
CITY- ST- ZIP	PALM HARBOR, FL 34684
TITLE	T
NAME	WILT, KEITH R
STREET ADDRESS	36750 US HWY 19, N
CITY- ST- ZIP	PALM HARBOR, FL 34684
TITLE	VP
NAME	GEIMER, ROBERT
STREET ADDRESS	320 INTERSTATE NORTH HIGHWAY SUITE 220
CITY- ST- ZIP	ATLANTA, GA 30339

U000000162631  
06/16/04-80003-021 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/04 (727) 939-3883**  
Date Daytime Phone #