


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 829764
 1. Entity Name
GOLF HOST RESORTS, INC.



Principal Place of Business Mailing Address
36750 US HWY 19 N **36750 US HWY 19 N**
PALM HARBOR, FL 34684 US **PALM HARBOR, FL 34684 US**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
84-0631130 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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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

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100000231903
 02/16/05-80050-008 150.00

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 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: _____ **Executive Vice President** **1/12/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #