


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90014 004 ***150.00

DOCUMENT # F03000001787	
1. Entity Name BROWNSBURG GOLF COURSE, INC.	

Principal Place of Business 7010 ESTATE DRIVE BROWNSBURG, IN 46112	Mailing Address 7771 PINE TRACE DRIVE SARASOTA, FL 34243
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94031397

2. Principal Place of Business 8525 NSR 267	3. Mailing Address 7828 Broadmoor pines
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03082004 Chg-P CR2E034 (10/03)

City & State BROWNSBURG IN	City & State SARASOTA, FL.
Zip 46112	Zip 34243
Country	Country

4. FEI Number 35-1666368	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SAVARY, JOHNSON S JR 22 S. LINKS AVENUE, SUITE 300 SARASOTA, FL 34236

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT SWARTZ, DAVID W 7918 ESTATE DRIVE BROWNSBURG, IN 46112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1552 PALM VIEW ROAD SARASOTA, FL. 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SWARTZ, SHERRY Y 7918 ESTATE DRIVE BROWNSBURG, IN 46112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1552 PALM VIEW ROAD SARASOTA, FL. 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: David W. Swartz **David W. Swartz** **3/13/04** **941-377-3596**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #