

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005179

Entity Name: CLUB 59 GOLF, INC.

FILED  
Jan 14, 2008  
Secretary of State

## Current Principal Place of Business:

C/O CARLIN, CHARRON & ROSEN  
1400 COMPUTER DRIVE, SUITE 300  
WESTBOROUGH, MA 01581

## New Principal Place of Business:

919 LAKESHORE BLVD  
INCLINE VILLAGE, NV 89450

## Current Mailing Address:

C/O CARLIN, CHARRON & ROSEN  
1400 COMPUTER DRIVE, SUITE 300  
WESTBOROUGH, MA 01581

## New Mailing Address:

800 MAIN STREET  
SUITE 154  
HOLDEN, MA 01520

FEI Number: 31-1503466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: SORENSTAM, ANNIKA C  
Address: 1400 COMPUTER DRIVE, SUITE 300  
City-St-Zip: WESTBOROUGH, MA 01581

Title: AS ( ) Delete  
Name: IACONE-RADAELLI, ANGELA  
Address: 1400 COMPUTER DRIVE, SUITE 300  
City-St-Zip: WESTBOROUGH, MA 01581

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: SORENSTAM, ANNIKA C  
Address: 800 MAIN STREET SUITE 154  
City-St-Zip: HOLDEN, MA 01520

Title: AS (X) Change ( ) Addition  
Name: IACONE-RADAELLI, ANGELA  
Address: 800 MAIN STREET SUITE 154  
City-St-Zip: HOLDEN, MA 01520

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNIKA SORENSTAM

P

01/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date