

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001447

**FILED**  
**Mar 24, 2012**  
**Secretary of State**

**Entity Name:** NATIONAL GOLF COURSE RESTAURANT ASSOCIATION, INC.

**Current Principal Place of Business:**

401 E LAS OLAS BLVD #130-539  
FT LAUDERDALE, FL 33301

**New Principal Place of Business:**

8805 TAMIAMI TRAIL N  
#317  
NAPLES, FL 34108

**Current Mailing Address:**

401 E LAS OLAS BLVD #130-539  
FT LAUDERDALE, FL 33301

**New Mailing Address:**

8805 TAMIAMI TRAIL N  
#317  
NAPLES, FL 34108

**FEI Number:** 26-0715829

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COHEN, STEVE  
105 QUEENS WAY  
PONTE VEDRA BEACH, FL 32082 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

**OFFICERS AND DIRECTORS:**

Title: S  
Name: WAXIN, PATRIK  
Address: 8805 TAMIAMI TRAIL N  
City-St-Zip: NAPLES, FL 34108 US

Title: P  
Name: LUNDH, JOHN DANIEL T  
Address: 8805 TAMIAMI TRAIL N  
City-St-Zip: NAPLES, FL 34108 US

Title: C  
Name: COHEN, STEPHEN  
Address: 105 QUEENS WAY  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

I hereby 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 all other like empowered.

SIGNATURE: STEVE COHEN

PRES

03/24/2012

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

\_\_\_\_\_  
Date