## 2004 FOR PROFIT CORPORATION

## **FILED** Jul 29, 2004 08:00 AM

ANNUAL REPORT				Secretary of State				
1. Entity Nam			}	Secreta	iry or state			
GOLF HO	OST MANAGEMENT, INC.							
Principal Plac	e of Business	Mailing Address	· <del></del>					
591 WEST PI GREENWICH,	UTNAM AVE.	591 WEST PUTNAM AVE. GREENWICH, CT 06830		1 (marcolad) (0)	<b>医 1年</b> 00、c <b>亚</b> 田(1 <b>年本1</b> 11 老星(1) 集束21	c macc andic nikki niin chi nincon	<i>}</i> ; , <b>, , , , , , , , , </b>	
DO NOT WRITE IN THIS SPA			CE	07092004	No Chg-P	CR2E034 (10/03)		
<b>-</b>	0 1101 111112	MY THIO OLA	<u> </u>	4. FEI Numb 06-148		Applier Not Ap	of For	
					of Status Desired	\$8.75 Addition Fee Required		
	6. Name and Address of Current R	egistered Agent						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					NOT W THIS SP			
	named entity submits this statement for ions of registered agent.	the purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	rida. I am familiar with, and	accept	
the obligat	ions of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent an	d title if epphicable (NOTE, Registers	ed Agent signature required	f when reinstating)		DATE	<u> </u>	
	LE NOW!!! FEE IS \$550.00 ue by September 8, 2004	Election Campaign Fina     Trust Fund Contribution.		.00 May Be led to Fees	U00000 07/29/04-	168766 80006-015 550.1	១០	
10.	OFFICERS AND D	RECTORS					- <del></del>	
TITLE	DPT							
NAME STREET ADDRESS	KLEEMAN, MERRICK 591 WEST PUTNAM AVE.							
CITY-ST-ZIP	GREENWICH, CT 06830	ı						
TITLE	EVP					<del></del>		
NAME	SILVEY, JEROME							
STREET ADDRESS CITY-ST-ZIP	591 WEST PUTNAM AVE. GREENWICH, CT 06830					-		
	V V	·	<b></b>	-	-	<del></del>		
TITLE NAME	GEIMER, ROBERT							
STREET ADDRESS	591 WEST PUTNAM AVE.			DΟ	NOT W	TO LITTE		
CITY-ST-ZIP	GREENWICH, CT 06830			טט	NOT W	RIIC		
THLE		IN THIS SPACE						
NAME STORET ADDRESS	onnecc .			PW P W W W W W W W W W W W W W W W W W				
STREET ADDRESS CITY - St - ZIP			į					
HTLE			1		<del></del>			
NAME			1					
STREET ADDRESS			1					
CITY-ST-ZIP TITLE		<u> </u>			<del></del>	<del></del>		
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12. I hereby certify that the information supplied with this filing does not quality 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 fade 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 employeered 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 adding with all there like ampowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP