

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000006244**

1. Entity Name  
**MEADOWBROOK GOLF GROUP, INC.**



Principal Place of Business  
**8390 CHAMPIONSGATE BLVD  
SUITE 200  
CHAMPIONSGATE, FL 33896-8388**

Mailing Address  
**8390 CHAMPIONSGATE BLVD  
SUITE 200  
CHAMPIONSGATE, FL 33896-8388**



01102005 No Chg-P CP2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**95-4612921**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	COB
NAME	ROSENSTEIN, ARNOLD
STREET ADDRESS	345 N. MAPLE DRIVE, SUITE 290
CITY- ST- ZIP	BEVERLY HILLS, CA 90210
TITLE	CFO
NAME	SELLERS, CALVIN C III
STREET ADDRESS	8390 CHAMPIONSGATE BLVD STE 200
CITY- ST- ZIP	CHAMPIONSGATE, FL 33896
TITLE	D
NAME	KOENIGSBERGER, RICK
STREET ADDRESS	345 N. MAPLE DRIVE, SUITE 290
CITY- ST- ZIP	BEVERLY HILLS, CA 90210
TITLE	D
NAME	NEIBART, LEE
STREET ADDRESS	345 N. MAPLE DRIVE, SUITE 290
CITY- ST- ZIP	BEVERLY HILLS, CA 90210
TITLE	D
NAME	WEINER, MICHAEL
STREET ADDRESS	345 N. MAPLE DRIVE, SUITE 290
CITY- ST- ZIP	BEVERLY HILLS, CA 90210
TITLE	PCEO
NAME	JACKSON, RON E
STREET ADDRESS	8390 CHAMPIONSGATE BLVD STE 200
CITY- ST- ZIP	CHAMPIONSGATE, FL 33896

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01/25/05-80026-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Calvin C. Sellers III*

*Calvin C. Sellers III*

*1/11/05*

*(407) 589-7200*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #