## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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## Mar 29, 2004 8:00 am **Secretary of State** DOCUMENT # F99000004463 03-29-2004 90067 049 \*\*\*150.00 1. Entity Name BEACHVIEW GOLF CLUB, INC. Principal Place of Business Mailing Address 1035 S SEMORAN BLVD., STE 1012 1100 PAR VIEW DRIVE SANIBEL ISLAND, FL 33957 WINTER PARK, FL 32792 3. Mailing Address 1100 PARVIEWDR. 2. Principal Place of Business Suite, Apt. #, etc. 03192004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Anibe 65-0964389 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 115 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DALTON, STEPHEN E ESQ Street Address (P.O. Box Number is Not Acceptable) 1833 HENDRY STREET FORT MYERS, FL 33902 City 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 Signature, typed or printed name of registered agent and little if applicable. (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 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE ☐ Detete TITLE Flood, MURKAY 1-215 FLODISHER DR. WATER 100, ONTARIO, CANADA FLOOD, MURRAY NAME NAME 153 UNION STREET STREET ADDRESS STREET ADDRESS WATERLOO, ONT., CANADA, CITY-ST-ZIP CITY-ST-ZIP CD TITLE ☐ Delete TITLE Rackel Paul 2-215 Frobisher DR ROCKEL, PAUL NAME NAME STREET ADDRESS 319 BRIDGEPORT ROAD, EAST STREET ADDRESS WATER 100, ONTALID, CANADA CITY-ST-ZIP WATERLOO, ONT., CANADA, CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath; 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.

MUKKAY Flood 3-19-04

FILED