

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G11669

FILED
Sep 28, 2004
Secretary of State

Entity Name: MISTY CREEK COUNTRY CLUB, INC.

Current Principal Place of Business:

8954 MISTY CREEK DR
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

8954 MISTY CREEK DR
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 59-2245182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEUFFERT, JANIE
8954 MISTY CREEK DR
SARASOTA, FL 34241 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: V () Delete
Name: THOMAS, LAURENCE
Address: 8822 MISTY CREEK DR
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: MULLANE, JOHN
Address: 9047 MISTY CREEK
City-St-Zip: SARASOTA, FL 34241

Title: S () Delete
Name: SINGER, JAMES
Address: 8363 EAGLE CROSSING
City-St-Zip: SARASOTA, FL 34241

Title: VP () Delete
Name: DUNN, EDWARD G
Address: 8331 EAGLE CROSSING
City-St-Zip: SARASOTA, FL 34241

Title: P () Delete
Name: DELAHANTY, EDWARD
Address: 695 TROPICAL CIR
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: THIBEAULT, JOAN
Address: 447 PELICAN MOORINGS
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN MULLANE

P

09/28/2004

Electronic Signature of Signing Officer or Director

Date