

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90087 028 \*\*\*150.00

DOCUMENT # H62239

1. Corporation Name

KISSIMMEE GOLF CLUB, INC.

Principal Place of Business

3103 FLORIDA COACH DRIVE  
KISSIMMEE FL 34741  
US

Mailing Address

200 E. MONUMENT AVE.  
STE. A  
KISSIMMEE FL 34741  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1985

4. FEI Number

59-2560388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

WEST, GERALDINE  
200 MONUMENT AVENUE SUTE A  
WATERFRONT SQUARE  
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CREIGHTON, DAVID T.  
STREET ADDRESS 16113 E. COURSE DRIVE  
CITY-ST-ZIP TAMPA FL

TITLE STD ☐ DELETE

NAME BOWES, GEORGE S.  
STREET ADDRESS 503 BUSH DRIVE  
CITY-ST-ZIP ANCASTER ON

TITLE DV ☐ DELETE

NAME YETMAN, MALCOLM G.  
STREET ADDRESS 637 OAKWOOD AVE.  
CITY-ST-ZIP NORTH BAY, ONTARIO

TITLE V ☐ DELETE

NAME BOWES, LORRAINE E.  
STREET ADDRESS 503 BUSH DRIVE  
CITY-ST-ZIP ANCASTER ON

TITLE V ☐ DELETE

NAME YETMAN, DONNA M.  
STREET ADDRESS 637 OAKWOOD AVENUE  
CITY-ST-ZIP NORTH BAY ON

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Geraldine West  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-99  
Date

Daytime Phone #

CR2E034 (11/98)

0504722