

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90023 010 ***150.00

DOCUMENT # J56488

1. Entity Name

PALM VALLEY GOLF CLUB, INC.



Principal Place of Business
1075 PALM VALLEY RD.
PONTE VEDRA FL 32082
US

Mailing Address
1075 PALM VALLEY RD.
PONTE VEDRA FL 32082
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2773038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORD, JACK C
8196 SEVEN MILE DR.
PONTE VEDRA BEACH FL 32082

Name

Hord, Jack C

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

344 Sawmill Ln.

City

Ponte Vedra Beach

FL

Zip Code

32082

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME HORD, JACK C
STREET ADDRESS 8196 SEVEN MILE DR.
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE P ☐ Change ☐ Addition
NAME *HORD, Jack C*
STREET ADDRESS *344 Sawmill Ln.*
CITY-ST-ZIP *Ponte Vedra Beach FL 32082*

TITLE ST ☐ Delete
NAME HORD, SUE
STREET ADDRESS 8196 SEVEN MILE DR.
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE ST ☐ Change ☐ Addition
NAME *HORD, Sue*
STREET ADDRESS *344 Sawmill Ln.*
CITY-ST-ZIP *Ponte Vedra Beach FL 32082*

TITLE VP ☐ Delete
NAME ~~HORD, CHRISTOPHER~~
STREET ADDRESS 8196 SEVEN MILE DR.
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE VP ☐ Change ☐ Addition
NAME ~~HORD, Christopher~~
STREET ADDRESS *344 Sawmill Ln.*
CITY-ST-ZIP *Ponte Vedra Beach FL 32082*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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:

Jack C. Hord Jack C. Hord

1-20-04

904 285 9067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #