2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # K31059

1. Entity Name
GOLF DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
% ROBERT B. WHITLEY 2000 PGA BLVD, STE 2204 PALM BCH GARDENS, FL 33408	% ROBERT B. WHITLEY 2000 PGA BLVD, STE 2204 PALM BCH GARDENS, FL 33408

DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0070085

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WHITLEY, ROBERT B
2000 PGA BLVD, STE 2204
PALM BEACH GARDENS, FL 33408

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000158177
05/07/04-80011-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHITLEY, ROBERT B
STREET ADDRESS	2000 PGA BLVD, STE 2204
CITY-ST-ZIP	PALM BCH GRDNS, FL
TITLE	VD
NAME	WHITLEY, KENNETH A
STREET ADDRESS	2000 PGA BLVD, STE 2204
CITY-ST-ZIP	PALM BCH GRDNS, FL
TITLE	STD
NAME	WHITLEY, HELEN W
STREET ADDRESS	2000 PGA BLVD, STE 2204
CITY-ST-ZIP	PALM BCH GRDNS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: John W Whitley 4-28-04 561-654-6051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #