

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # K31059 1. Entity Name GOLF DEVELOPMENT CORPORATION	
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Principal Place of Business
**% ROBERT B. WHITLEY
2000 PGA BLVD, STE 2204
PALM BCH GARDENS, FL 33408**

Mailing Address
**% ROBERT B. WHITLEY
2000 PGA BLVD, STE 2204
PALM BCH GARDENS, FL 33408**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD WHITLEY, ROBERT B 2000 PGA BLVD, STE 2204 PALM BCH GRDNS, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITLEY, KENNETH A 2000 PGA BLVD, STE 2204 PALM BCH GRDNS, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHITLEY, HELEN W 2000 PGA BLVD, STE 2204 PALM BCH GRDNS, FL
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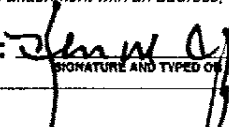
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4-28-04 Date
8181-654-6001 Daytime Phone #