


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2005 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
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DO NOT WRITE IN THIS SPACE
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03312005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0070085	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITLEY, ROBERT B 2000 PGA BLVD, STE 2204 PALM BCH GRDNS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITLEY, KENNETH A 2000 PGA BLVD, STE 2204 PALM BCH GRDNS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHITLEY, HELEN W 2000 PGA BLVD, STE 2204 PALM BCH GRDNS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/05-80039-019 150.00

DO NOT WRITE  
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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)(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] 4/18/05 561-694-0055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #