

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L71678

FILED
Jan 16, 2009
Secretary of State

Entity Name: SORRENTO VALLEY GOLF, INC.

Current Principal Place of Business:

% ROBIN L. MCCOY
1995 CALUSA LAKES BLVD.
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

% ROBIN L. MCCOY
1995 CALUSA LAKES BLVD.
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 59-3026339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOY, ROBIN L PT
2045 TIMUCUA TR.
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: RICH, THOMAS J VP
Address: 5125 WILLOW LEAF DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: PT () Delete
Name: MCCOY, ROBIN L PT
Address: 2045 TIMUCUA TR.
City-St-Zip: NOKOMIS, FL 34275

Title: VPS () Delete
Name: BOBBETT, RONALD M VPS
Address: 5125 WILLOW LEAF DR.
City-St-Zip: SARASOTA, FL 34241

Title: VP () Delete
Name: ILER, NORMAN P VP
Address: 7000 ASHTON GARDENS DR #308
City-St-Zip: VENICE, FL 34292

Title: AS () Delete
Name: MATUSZAK, DAVID W AS
Address: 2702 HEATHER PL.
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ILER, DOUGLAS VP
Address: 1808 ABERDEEN RD.
City-St-Zip: LOUISVILLE, KY 40257

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN L. MCCOY

PT

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date