2008 NOT-FOR-PROFIT CORPORATION - AMENDED ANNUAL REPORT

DOCUMENT # N01000001591

FII FD

1. Entity Name PALMIRA GOLF AND COUNTRY CLUB MASTER HOMEOWNERS ASSOCIATION, INC.						08 JUL 17	PM 2: 2	25
	ee of Business ESHOE DRIVE SOUTH 34104	Mailing Address 3185 HORSESHOE DRI NAPLES, FL 34104	3185 HORSESHOE DRIVE SOUTH			SECRETAR' ALLAHASS	r of Stat ef, flori	TE ID/
	Place of Business - No P.O. Box # TWELL Lanc #, etc.	bold Pinc Ri Suite, Apt. #, etc.				P CR2E	E037 (12/06)	
City & Stat		City & State					Ar	oplied For
NAPICS, FL Zip Country 34105 Collier		Zip	Naples, FL Zip Country 34105 Collie		65-1132810 5. Certificate of Status	Desired	\$8.75 Add	
	6. Name and Address of Current				7. Name and Address	of New Registere	d Agent	
REINDER	S, JAMES M		Name	nenr	octh E. Bloo	M		
3185 HOR NAPLES, I	SESHOE DRIVE SOUTH FL 34104		Stree	1517	P.O. Box Number is Not A	nC	· · · · · · · · · · · · · · · · · · ·	_
			City	NAP	145	F	Zip Cod	105
8 The above	named entity submits this statement for	or the purpose of changing its	registered office	or register	ed agent or both in the S	tate of Florida I a	ım təmiliər with.	and accent
the obligat	tions of registered agent.	,	_		07/29/08	0100900	ı6 **61.	
SIGNATURE .	Signature, typed or printed name of registered agent	Menneth and title if applicable. (NOTI	E: Registered Agent sig		Manager I when reinstating)	DAT	<u>· 14·08</u>	
•					· · · · · · · · · · · · · · · · · · ·			
	Amended AR is \$61.25	9. Election Can Trust Fund C	npaign Financin Contribution		\$5.00 May Be Added to Fees		eck payable t partment of S	
10.	Amended AR is \$61.25 OFFICERS AND DI	Trust Fund C				Florida Dep	partment of S	tate
	·	Trust Fund C	Contribution.	Pctcs 289	Added to Fees ADDITIONS/CHANGES TO COTIO 150 Kitunicula	Florida Dep	partment of S	tate
10. TITLE NAME STREET ADDRESS	OFFICERS AND DII PD REINDERS, JAMES M 3185 HORSESHOE DRIVE SOU	Trust Fund C	11. TITLE NAME STREET ADDRES	P. D. P. H. S. 289 Bon VP. Rop	Added to Fees ADDITIONS/CHANGES TO TOTIO 150 Kituniculu 0144 Springs, Fl	Florida Dep OFFICERS AND Ct. 34135	DIRECTORS IN	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DII PD REINDERS, JAMES M 3185 HORSESHOE DRIVE SOU NAPLES, FL 34104 D SOLOMON, ANTHONY P	Trust Fund C	11. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	P. D. P. C. C. S.	Added to Fees ADDITIONS/CHANGES TO A Corio ASO Kirunicula Dita Springs, Fl	Florida Dep O OFFICERS AND Ct - 34135	DIRECTORS IN Change	tate 1 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND DIE PD REINDERS, JAMES M 3185 HORSESHOE DRIVE SOU NAPLES, FL 34104 D SOLOMON, ANTHONY P 3185 HORSESHOE DRIVE SOU NAPLES, FL 34104 STDV BLOOM, KEN 3185 HORSESHOE DRIVE SOU	Trust Fund C	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	P. D. Peter S. Bon Pope S. Zus Bon Tr. L. Frank Induction	Added to Fees ADDITIONS/CHANGES TO A Corio ISO Kiranicula Dita Springs, Fl Quyant Quita Springs, F Dita Springs, F Other Springs,	Florida Dep O OFFICERS AND Ct - 34135 Dr.vc L 34135	DIRECTORS IN Change Change	tate 1 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE PD REINDERS, JAMES M 3185 HORSESHOE DRIVE SOU NAPLES, FL 34104 D SOLOMON, ANTHONY P 3185 HORSESHOE DRIVE SOU NAPLES, FL 34104 STDV BLOOM, KEN	Trust Fund C	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	P. D. Peter Bon Bon Tr. T.	Added to Fees ADDITIONS/CHANGES TO ISO KITUNICULU OILU SPrings, FL OILU SPrings, FL OILU SPrings, F OILU SPrings, F OILU SPrings, F	Florida Dep O OFFICERS AND Ct - 34135 Dr.vc L 34135	DIRECTORS IN Change Change	Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME NAME	OFFICERS AND DIE PD REINDERS, JAMES M 3185 HORSESHOE DRIVE SOU NAPLES, FL 34104 D SOLOMON, ANTHONY P 3185 HORSESHOE DRIVE SOU NAPLES, FL 34104 STDV BLOOM, KEN 3185 HORSESHOE DRIVE SOU	Trust Fund C	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME NAME	P. D. Peter S. Bon Property Pr	Added to Fees ADDITIONS/CHANGES TO TO COTIO TSO KITUNICULU TSO KITUNICULU TO LA SPRINGS, FI TO VIGO DENTI TO LA SPRINGS, FI TO LA SPRINGS,	Florida Dep OFFICERS AND Ct. - 34135 Drive L 34135	DIRECTORS IN Change Change	Addition
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	OFFICERS AND DIE PD REINDERS, JAMES M 3185 HORSESHOE DRIVE SOU NAPLES, FL 34104 D SOLOMON, ANTHONY P 3185 HORSESHOE DRIVE SOU NAPLES, FL 34104 STDV BLOOM, KEN 3185 HORSESHOE DRIVE SOU	Trust Fund C	Ontribution. 11. ITILE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP HITLE UNITE NAME STREET ADDRES CITY-ST-ZIP HITLE	P. D. Peter See Bon VP. Bon Zera Tr. L Fran Houle So D Jerr Si D Inite	Added to Fees ADDITIONS/CHANGES TO A Corio ISO Kirunicula Solda Springs, Fl B Wyant Q Via odenti Dita Springs, F NK Percuoco 13 Tivoli Ter Dita Springs, F Y Baum DO Giustino W	Florida Dep O OFFICERS AND Ct. - 34135 Dr.vc L 34135	DIRECTORS IN Change Change	Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AND DIE PD REINDERS, JAMES M 3185 HORSESHOE DRIVE SOU NAPLES, FL 34104 D SOLOMON, ANTHONY P 3185 HORSESHOE DRIVE SOU NAPLES, FL 34104 STDV BLOOM, KEN 3185 HORSESHOE DRIVE SOU	Trust Fund C	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	P. D. Peters 280 P. Don Pop	Added to Fees ADDITIONS/CHANGES TO A Corio ASO Kitunicula BITA SPRINGS, FL A Wyant A Via od anti BITA SPRINGS, F A Wyant BITA SPRINGS, F A Percusco A Baum BO Giustinu W BITA SPRINGS, F A Baum BO Giustinu W BITA SPRINGS, F A Baum BO Giustinu W BITA SPRINGS, F A PERFONC	Florida Dep OFFICERS AND Ct. 34135 Drive L 34135	DIRECTORS IN Change Change	Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIE PD REINDERS, JAMES M 3185 HORSESHOE DRIVE SOU NAPLES, FL 34104 D SOLOMON, ANTHONY P 3185 HORSESHOE DRIVE SOU NAPLES, FL 34104 STDV BLOOM, KEN 3185 HORSESHOE DRIVE SOU	Trust Fund C RECTORS Delete JTH Delete JTH Delete JTH	TITLE NAME STREET ADDRES CITY-ST-ZIP	P. D. Peter Bon Bon T.	Added to Fees ADDITIONS/CHANGES TO A Corio ASO Kitunicula BITA SPrings, Fl A Wyant A Via od anti BITA Springs, F A Wyant BITA Springs, F A Baum BO Gibstine W BOTH Springs, F A Baum BOTH Springs, F A Baum BOTH Springs, F A Baum BOTH Springs, F BULL	Florida Dep OFFICERS AND Ct. 34135 Drive L 34135	DIRECTORS IN Change Change	Addition Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND DIE PD REINDERS, JAMES M 3185 HORSESHOE DRIVE SOU NAPLES, FL 34104 D SOLOMON, ANTHONY P 3185 HORSESHOE DRIVE SOU NAPLES, FL 34104 STDV BLOOM, KEN 3185 HORSESHOE DRIVE SOU	Trust Fund C RECTORS Delete JTH Delete JTH Delete JTH	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	P. D. Peters Bon	Added to Fees ADDITIONS/CHANGES TO A Corio ASO Kitunicula BITA SPRINGS, FL A Wyant A Via od anti BITA SPRINGS, F A Wyant BITA SPRINGS, F A Percusco A Baum BO Giustinu W BITA SPRINGS, F A Baum BO Giustinu W BITA SPRINGS, F A Baum BO Giustinu W BITA SPRINGS, F A PERFONC	Florida Dep OFFICERS AND Ct. 34135 Drive L 34135 L 34135	DIRECTORS IN Change Change	Addition Addition Addition

Bonita Springs, FC 34135... 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.14.08

239-262-1396

Page 272

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000001591					FILED				
1. Entity Name PALMIRA GOLF AND COUNTRY CLUB MASTER HOMEOWNERS ASSOCIATION, INC.						08 JUL 17 PM 2: 25			
Principal Place of Business Mailing Address						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal	Place of Business - No P.O. Box #	3. Mailing Address	lailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07092008 C	07092008 Chg-NP CR2E037 (12/06)				
City & State		City & State		4. FEI Number 65-1132810			Applied For Not Applicable		
Zip	Country	Zip	Zip Country					5 Additional equired	
	6. Name and Address of Current	Registered Agent			7. Name and Add	Iress of New R		iqui eu	
			1	Name					
				Street Address (P.O. Box Number is Not Acceptable)					
			ļ						
				City			rl '	Code	
8. The above the obliga	a named entity submits this statement le tions of registered agent.	or the purpose of changing its r	registere	d office or regi:	stered agent, or both, in	the State of Flo	rida. I am Iamiliar	with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered	Agent signature requ	uired when reinstalling)		DATE		
Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.	OFFICERS AND DI		11.		ADDITIONS/CHANG	ES TO OFFICER	RS AND DIRECTOR		
TITLE NAME		☐ Delete	TITLE NAME	. الح <u>را</u>	sun Palmer		□ Che	ange Addition	
STREET ADDRESS City+St-Zip					box to Sprin				
ITTLE		☐ Delete	TITLE	P		<u> </u>	Cha	ange Addition	
NAME STREET ADDRESS			NAME STREE	TADDRESS 25	ck Vogen 3617 San Loca	ندح لسمد	世 202	• •	
CITY+ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-S		obita Springs		135		
name		☐ Delete	TITLE NAME	2,	m Kiesthors	£	☐ Cha	ange Addition	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	T ADDRESS 14	681 Bellino	Ter.	J136		
TITLE		☐ Delete	TITLE		popula Spring		Cha	ange Addition	
NAME STREET ADDRESS			NAME STREET	TADORESS 14	ive Lungerdoi 541 BCN:no T	1 44 1640			
CITY-ST-ZIP			CITY-S	SI-ZIP T3	opital phinis	, FL 34	1135		
TITLE NAME		☐ Delete	TITLE NAME				☐ Cha	ange 🗌 Addition	
STREET ADDRESS				T ADORESS					
CITY-ST-ZIP	<u>-</u>	☐ Delete	CITY-S	ST-ZEP		······································			
NAME		Celete	NAME				☐ Cha	ange 🗌 Addition	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	T ADDRESS ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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 life empowered.									
_		1			L	1.14.00.	026	2/2.126/	
SIGNAT	SIGNATURE AND TYPED OR F	PRINTED NAME OF SIGNING OFFICER OF	R DIRECTO	IR .		Date	239 - Daytime Pho	101 1710 me 1	

DC7/22