


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90008 021 ****61.25

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DOCUMENT # N03000000263					
1. Entity Name PARKLAND GOLF CLUB, INC.					
Principal Place of Business 11575 HERON BAY BLVD. CORAL SPRINGS, FL 33076			Mailing Address 11575 HERON BAY BLVD. CORAL SPRINGS, FL 33076		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 27-0047796	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HASTINGS, VIVIEN ESQ. 24301 WALDEN CENTER DR., SUITE 300 BONITA SPRINGS, FL 34134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> Delete			
NAME	WILSON, STEVEN B				
STREET ADDRESS	24301 WALDEN CENTER DR.				
CITY-ST-ZIP	BONITA SPRINGS, FL 34134				
TITLE	DT	<input checked="" type="checkbox"/> Delete			
NAME	JERABEK, JASON				
STREET ADDRESS	24301 WALDEN CENTER DR., SUITE 300				
CITY-ST-ZIP	BONITA SPRINGS, FL 34134				
TITLE	DS	<input type="checkbox"/> Delete			
NAME	SYLVIA, KEITH				
STREET ADDRESS	2020 CLUBHOUSE DR.				
CITY-ST-ZIP	SUN CITY CENTER, FL 33573				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	DPVT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	EVANSIZYN, JOHN				
STREET ADDRESS	24301 WALDEN CENTER DR.				
CITY-ST-ZIP	BONITA SPRINGS, FL 34134				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-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 like empowered.					
SIGNATURE: <i>Sylvia Keith</i>		SYLVIA KEITH		2/21/07 813-642-1454	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	