

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000263

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PARKLAND GOLF CLUB, INC.

**Current Principal Place of Business:**

11575 HERON BAY BLVD.  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

8409 N MILITARY TRL STE 123  
C/O CHERRY, EDGAR & SMITH PA  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 27-0047796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HASTINGS, VIVIEN ESQ.  
24301 WALDEN CENTER DR., SUITE 300  
BONITA SPRINGS, FL 34134 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LACALLE, MARGARET  
Address: 11575 HERON BAY BLVD  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VTD ( ) Delete  
Name: PERTCHIK, JONATHAN  
Address: 24301 WALDEN CENTER DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD ( ) Delete  
Name: GALLOWAY, VALERIC  
Address: 11575 HERON BAY BLVD  
City-St-Zip: CORAL SPRINGS, FL 33076

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: PARATORE, LOU  
Address: 24301 WALDEN CENTER DRIVE, STE 300  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DVP (X) Change ( ) Addition  
Name: PATRIZIO, MICHAEL  
Address: 24301 WALDEN CENTER DR, STE 300  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DST (X) Change ( ) Addition  
Name: D'ALESSANDRO, ED  
Address: 24301 WALDEN CENTER DR, STE 300  
City-St-Zip: BONITA SPRINGS, FL 34134

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED D'ALESSANDRO

DST

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date