


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90033 019 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N06000002390</b><br>1. Entity Name<br>GOLF CLUB ASSOCIATION, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>C/O KABAR GROUP<br>900 W MARION AVE<br>PUNTA GORDA, FL 33950 | Mailing Address<br>C/O KABAR GROUP<br>900 W MARION AVE<br>PUNTA GORDA, FL 33950 |
|---|---|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

|  |                                |
|--|--------------------------------|
|  |                                |
| 03062007 Chg-NP  | CR2E037 (12/06)                |
| 4. FEI Number<br>20-8600131  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>                          | \$8.75 Additional Fee Required |

|  |   |
|--|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>LOMBARDI, VINCENZO<br>C/O KABAR GROUP<br>900 W MARION AVE<br>PUNTA GORDA, FL 33950 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_

|   |   |  |  |
|---|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>LOMBARDI, VINCENZO<br>900 W MARION AVE<br>PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>ALBACETE, ALFONSO<br>1325 N COMMERCE PKWY STE 315<br>WESTON, FL 33326 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>MARTINEZ, CIRO<br>C/O KABAR GROUP<br>PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:**  **Alfonso Albacete** **03/16/07** **784-389-6161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #