

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000006479	
1. Entity Name THE VILLAGES TRI-COUNTY JUNIOR GOLF, INC.	



Principal Place of Business 3341 WEDGEWOOD LANE THE VILLAGES, FL 32162	Mailing Address 3341 WEDGEWOOD LANE THE VILLAGES, FL 32162
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FILED
08 MAR 25 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02252008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 22-3936034	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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	DO NOT WRITE IN THIS SPACE
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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 *Joseph A. Simpson* 2/29/08 DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, JOSEPH A 3341 WEDGEWOOD LANE THE VILLAGES, FL 32162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST IZZO, DAVID 3341 WEDGEWOOD LANE THE VILLAGES, FL 32162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASSO, TODD 3341 WEDGEWOOD LANE THE VILLAGES, FL 32162
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03/25/08--01021--002 **61.50

DO NOT WRITE IN THIS SPACE

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: JOSEPH A. SIMPSON *JS* 2/29/08 352 753 3396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #