

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002837

FILED
Feb 20, 2009
Secretary of State

Entity Name: GOLF COURSE ASSOCIATION OF S.W. FLORIDA, INC.

Current Principal Place of Business:

1454 GLENEAGLES DR.
VENICE, FL 34292

New Principal Place of Business:

1995 CALUSA LAKES BLVD..
NOKOMIS, FL 34275

Current Mailing Address:

1454 GLENEAGLES DR.
VENICE, FL 34292

New Mailing Address:

1995 CALUSA LAKES BLVD..
NOKOMIS, FL 34275

FEI Number: 29-4091354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOY, ROB
1454 GLENEAGLES DR.
VENICE, FL 34292 US

Name and Address of New Registered Agent:

MCCOY, ROB
1995 CALUSA LAKES BLVD..
NOKOMIS, FL 34275 US

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: ROB MCCOY

02/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCOY, ROB
Address: 1454 GLENEAGLES DR.
City-St-Zip: VENICE, FL 34292

Title: SD () Delete
Name: BARONE, PAUL
Address: 5301 HERON CREEK BLVD.
City-St-Zip: N. PORT, FL 34237

Title: TD () Delete
Name: PASCHALL, KEVIN
Address: 2250 WILDERNESS BLVD.
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCOY, ROB
Address: 2045 TIMUCUA TR.
City-St-Zip: NOKOMIS, FL 34275

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROB MCCOY

PD

02/20/2009

Electronic Signature of Signing Officer or Director

Date