
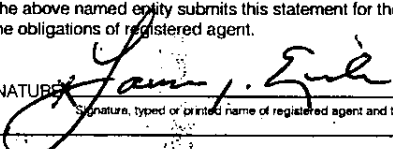
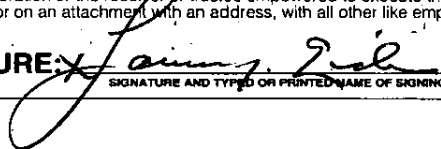


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90013 031 ****61.25

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # N32396 1. Entity Name WENTWORTH GOLF CLUB, INC. | | | |  | |
| Principal Place of Business 2990 WENTWORTH WAY TARPON SPRINGS, FL 34688 US | | | Mailing Address 2990 WENTWORTH WAY TARPON SPRINGS, FL 34688 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2950781 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent FIERBAUGH, RANDY 4679 TAMWORTH DRIVE PALM HARBOR, FL 34685 | | | | 7. Name and Address of New Registered Agent Name Larry Fiden Pres. Street Address (P.O. Box Number is Not Acceptable) 2913 Kensington Trace City Tarpon Springs FL Zip Code 34688 | |
| 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 September 8, 2004. | | 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP NILES, DAVID 650 RICHMOND CLOSE TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P. Chris Bedgio 2901 Kensington Trace Tarpon Springs, Fl 34688 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BEDGIO, CHRIS 2901 KENSINGTON TR. TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treas. Allen Walker 2963 Wentworth Way Tarpon Springs, Fl 34688 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAMISACA, RON 2913 WENTWORTH WAY TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Karl George Sr. 2976 Wentworth Way Tarpon Springs, Fl. 34688 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD EIDEN, LARRY 2913 KENSINGTON TRACE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D. Ron Camisasca 2913 Wentworth Way Tarpon Springs Fl. 34688 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BRADSHAW, JAMES 2818 ROE HAMPTON CLOSE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D. Joel Tew 3057 Kensington Trace Tarpon Springs, Fl. 34688 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KIDMAN, GEORGE 543 ISLEWORTH CLOSE TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D. Greg Mohr 2873 Roehampton Close Tarpon Springs, Fl. 34688 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date _____ Daytime Phone # _____ | | | | | |

54063570



06302004 Chg-NP CR2E037 (10/03)