




# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90062 027 \*\*\*\*61.25

<b>DOCUMENT # N32396</b> 1. Entity Name <b>WENTWORTH GOLF CLUB, INC.</b>					
Principal Place of Business <b>2990 WENTWORTH WAY</b> <b>TARPON SPRINGS, FL 34688 US</b>			Mailing Address <b>2990 WENTWORTH WAY</b> <b>TARPON SPRINGS, FL 34688 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02132007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-2950781</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HUBBARD, HANK</b> <b>3045 KENSINGTON TRACE</b> <b>TARPON SPRINGS, FL 34688</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WALKER, ALLEN 2963 WENTWORTH WAY TARPON SPRINGS, FL 34688 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>Treasurer</del> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jamie Walker</b> <b>2963 Wentworth Way</b> <b>Tarpon Springs, FL 34688</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, KEVIN 2937 KENSINGTON TRACE TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director</b> <b>Samuel Nixon</b> <b>2993 Kensington Trace</b> <b>Tarpon Springs FL 34688</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUBBARD, HYLAN HANK 3045 KENSINGTON TRACE TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director</b> <b>David Dubow</b> <b>2951 Wentworth Way</b> <b>Tarpon Springs FL 34688</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GEORGE, KARL SR 2976 WENTWORTH WAY TARPON SPRINGS, FL 34688 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director</b> <b>Michael Conforti</b> <b>3026 Wentworth Way</b> <b>Tarpon Springs, FL 34688</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MOHR, GREG 2873 ROEHAMPTON CLOSE TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					