

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32396

FILED
Apr 21, 2009
Secretary of State

Entity Name: WENTWORTH GOLF CLUB, INC.

Current Principal Place of Business:

2990 WENTWORTH WAY
TARPON SPRINGS, FL 34688 US

New Principal Place of Business:

Current Mailing Address:

2990 WENTWORTH WAY
TARPON SPRINGS, FL 34688 US

New Mailing Address:

FEI Number: 59-2950781 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURTZO, CRAIG
3072 WENTWORTH WAY
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WALKER, JAMIE
Address: 2963 WENTWORTH WAY
City-St-Zip: TARPON SPRINGS, FL 34688

Title: P () Delete
Name: TURTZO, CRAIG
Address: 3072 WENTWORTH WAY
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VP () Delete
Name: CAMISASCA, SUSAN
Address: 2952 WENTWORTH WAY
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: D () Delete
Name: NIXON, SAMUEL
Address: 2893 KENSINGTON TRACE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete
Name: MANSFIELD, RICK
Address: 2975 WENTWORTH WAY
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete
Name: DUBOW, DAVID
Address: 2951 WENTWORTH WAY
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: FRANCIS, NANCY
Address: 3033 KENSINGTON TRACE
City-St-Zip: TARPON SPRINGS, FL 34688

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: CRAIG TURTZO

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date