

DOCUMENT # N196000000992

1. Entity Name

WEATHERMOOR GOLF & ASSOCIATION, INC

Principal Place of Business

Mailing Address

C/O GOLF COAST MNGT SERV
10060 AMBERWOOD RD #4
FT MYERS FL 33913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65 065 3367

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW
FEB 15 20019. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake check payable to
Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
					P	YOUNG, ED	9300 HIGHLAND WOOD	BONITA SPRINGS, FL 34135		
					VP	NORTON, JAR	9300 HIGHLAND WOOD	BONITA SPRINGS FL 34135		
					SIT	HOLMBERG, BILL	9300 HIGHLAND WOOD	BONITA SPRINGS FL 34135		
					D	BERRY, JACK	9300 HIGHLAND WOOD	BONITA SPRINGS FL 34135		
					D	BERINGER, RAL	9300 HIGHLAND WOOD	BONITA SPRINGS FL 34135		

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90074 004 ****61.25

DO NOT WRITE IN THIS SPACE