

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90003 020 ****61.25

DOCUMENT # **N96000006100**

1. Corporation Name

WEST COAST GOLF COURSE SUPER. ASSN., INC.

Principal Place of Business
1760 N.W. PINE LAKE DRIVE
STUART FL 34994

Mailing Address
1760 N.W. PINE LAKE DRIVE
STUART FL 34994



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/25/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-2906777 91-1931031	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REASH, DALE
3001 COUNTRYSIDE BLVD
CLEARWATER FL 33761

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, CARY	1.2 NAME	
STREET ADDRESS	600 SNELL ISLE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33704	1.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	REASH, DALE	2.2 NAME	VD
STREET ADDRESS	3001 COUNTRYSIDE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33761	2.4 CITY-ST-ZIP	
TITLE	PD ☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	BOLINE, GARTH	3.2 NAME	STD
STREET ADDRESS	3030 MCMULLEN BOOTH RD	3.3 STREET ADDRESS	Eric Joy
CITY-ST-ZIP	CLEARWATER FL 33761	3.4 CITY-ST-ZIP	3807 Landing Way #106
TITLE	☐ DELETE	4.1 TITLE	Tampa, FL 33624
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 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

7/9/99 (727) 938-6435

Date

Daytime Phone #