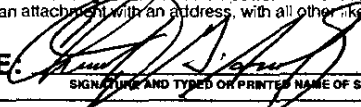


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90251 031 ****61.25

DOCUMENT # N96000006100 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 91-1931031	
				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	
ROBERTS, MARIE 1760 NW PINE LAKE DRIVE STUART, FL 34994				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reconstituting)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	ST ☐ Delete		TITLE	VD ☒ Change ☐ Addition	
NAME	BALDWIN, KEVIN		NAME	BALDWIN, KEVIN	
STREET ADDRESS	9929 CYPRESS SHADOW AVE		STREET ADDRESS	9929 CYPRESS SHADOW AVE	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VD ☐ Delete		TITLE	PD ☒ Change ☐ Addition	
NAME	DEVOS, LOUIS		NAME	DEVOS, LOUIS	
STREET ADDRESS	11832 66TH AVE N.		STREET ADDRESS	11832 66TH AVE N.	
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	PD ☒ Delete		TITLE		
NAME	SHARPE, JAMES		NAME		
STREET ADDRESS	13050 SUMMERFIELD BLVD		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	ST ☐ Change ☒ Addition	
NAME			NAME	ANSLEY, CHRIS	
STREET ADDRESS			STREET ADDRESS	29108 CROSSLAUD DR.	
CITY-ST-ZIP			CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE	☐ Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 			Christopher G. Ansley		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/20/04		