2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 26, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # N9600000 DAST GOLF COURSE SUF				-26-2007 90030	015 ****61.	.25	
1760 N.W. PINE LAKE DRIVE		Mailing Address 1760 N.W. PINE LAKE DR STUART, FL 34994	760 N.W. PINE LAKE DRIVE					
		3. Mailing Address	I. Mailing Address			<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP CR2	2E037 (12/06)		
City & State		City & State	City & State		1	⊢	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Add	ress of New Register	red Agent		
ROBERTS, MARIE								
1760 NW I STUART, I	PINE LAKE DRIVE FL 34994		Street Address		Not Acceptable)			
								
			City		I	FL Zip Code	е	
SIGNATURE	ons of registered agent. Signature, typed or printed name of registered agen	and title il applicable (NOTE. Il	Registered Agent signatur	re required when reinstaling)	DA.	ATE		
Filing Fee is \$61.25 Due by September 14, 2007			Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	OFFICERS AND D		11.		ES TO OFFICERS AND	DIRECTORS IN		
NAME STREET ADDRESS CHY-ST-ZIP	PD BALDWIN, KEVIN	Delete	TITLE					
	9929 CYPRESS SHADOW AVE TAMPA, FL 33647	A DELICIE	NAME	VD DUANE VANETI 2669 ST. ANDRI TARPON SPI	ens Blvd. 1865, fl 3	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	DUANE VANETT 8469 ST. ANDRI TARPON SPI PD	ens Blvd, Ings, fl 3			
NAME STREET ADDRESS	TAMPA, FL 33647 VD KISTLER, BILL 5811 TAMPA BLVD.		NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	DUANE VANETI 2469 ST. ANDRI TARPON SPI P.D SIT D TIGNT I	EWS BLVD, INGS, FL 3	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TAMPA, FL 33647 VD KISTLER, BILL 5811 TAMPA BLVD. TAMPA, FL 33647 D DEOPERE, RICH 7910 N. 30TH STREET	☐ Delæle	NAME STREEI ADDRESS CITY-SI-ZIP ITILE NAME STREEI ADDRESS CITY-SI-ZIP ITILE NAME STREEI ADDRESS	DUANE VANETI 2469 ST. ANDRI TARPON SPI PD	EWS BLVD, INGS, FL 3	Change	Addition	
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12. I hereby certify that the information supplied with this filling 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 gither like empowered.

SIGNATURE: BILL KISTLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR