

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006100

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** WEST COAST GOLF COURSE SUPER. ASSN., INC.

**Current Principal Place of Business:**

1936 BRUCE B. DOWNS BLVD #305  
WESLEY CHAPEL, FL 33544

**New Principal Place of Business:**

**Current Mailing Address:**

1936 BRUCE B. DOWNS BLVD #305  
WESLEY CHAPEL, FL 33544

**New Mailing Address:**

**FEI Number:** 91-1931031      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HALEY, CHRISTI  
1936 BRUCE B. DOWNS BLVD #305  
WESLEY CHAPEL, FL 33544      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: VD      ( ) Delete  
Name: VANETTEN, DUANE  
Address: 2669 ST ANDREWS BLVD  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: PD      ( ) Delete  
Name: KISTLER, BILL  
Address: 5811 TAMPA BLVD.  
City-St-Zip: TAMPA, FL 33647

Title: STD      ( ) Delete  
Name: INMAN, TRENT  
Address: 13600 NATIONAL GOLF DR  
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD      (X) Change ( ) Addition  
Name: INMNA, TRENT  
Address: 13600 NATIONAL GOLF DRIVE  
City-St-Zip: TAMPA, FL 33626

Title: PD      (X) Change ( ) Addition  
Name: VANETTEN, DUANE  
Address: 2669 ST ANDREWS BLVD  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: STD      (X) Change ( ) Addition  
Name: SUNDERMAN, KEVIN  
Address: 6000 SUN BLVD  
City-St-Zip: ST PETERSBURG, FL 33715

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: TRENT INMAN

VD

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date