

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90065 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**

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

SHARPE, JAMES

**13050 SUMMERFIELD BLVD
RIVERVIEW FL 33569**

Name

MARIE Roberts

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

1760 NW PINE LAKE DRIVE

City

STUART

FL

Zip Code

34994

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

Marie Roberts

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/2003

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	ST DE VOS, LOUIS 11832-66TH AVE N. SEMINOLE FL 33772	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHIT, DERRICK 2201 FEATHERSOUND DR CLEARWATER FL 33762	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHARPE, JAMES 13050 SUMMERFIELD BLVD RIVERVIEW FL 33569	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KEVIN BALDWIN 9929 Cypress Shadow Ave TAMPA, FL 33647	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES SHARPE 13050 SUMMERFIELD BLVD RIVERVIEW FLA 33569	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOUIS DEVOS 11832 66th Ave N. Seminole FLA 33772	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 R B 2005

3/17/03

352-243-3719

CR2E037 (10/02)