


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 08:00 AM
Secretary of State

| | | | | | |
|--|--------------------------|---------------------------------|--|---|------------------------------|
| DOCUMENT # P00000016243 | | | |  | |
| 1. Entity Name GOLDEN GATE INN & COUNTRY CLUB, INC. | | | | | |
| Principal Place of Business 4100 GOLDEN GATE PKWY. NAPLES FL 34116 | | | Mailing Address 4100 GOLDEN GATE PKWY. NAPLES FL 34116 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| COLEMAN, J. MICHAEL ESQ. 365 5TH AVE. SOUTH, SUITE 202 NAPLES FL 34102 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | FL |
| 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 | | | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable | | | | (NOTE: Registered Agent signature required when re-registering) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | <input type="radio"/> | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | VOCISANO, ROBERT | | NAME | | |
| STREET ADDRESS | 4100 GOLDEN GATE PARKWAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL 34116 | | CITY-ST-ZIP | | |
| TITLE | <input type="radio"/> | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | VOCISANO, MARIO | | NAME | | |
| STREET ADDRESS | 4100 GOLDEN GATE PARKWAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL 34116 | | CITY-ST-ZIP | | |
| TITLE | <input type="radio"/> | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="radio"/> | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="radio"/> | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="radio"/> | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2817379** Applied For Not Applied For

5. Certificate of Status Desired \$8.75 Additional Fee Required

U00000492523
 04/19/06-80068-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: Robert Vocisano [Signature] 3/24/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #