

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90218 029 ***158.75

DOCUMENT # P00000034939

1. Entity Name
SUNSHINE STATE GOLF ASSOCIATION, INC.



Principal Place of Business
**28459 DEL LAGO WAY
BONITA SPRINGS, FL 34135**

Mailing Address
**28459 DEL LAGO WAY
BONITA SPRINGS, FL 34135**



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~SEYMOUR, WILLIAM T~~ **Seymour, Judith A.**
**28459 DEL LAGO WAY
BONITA SPRINGS, FL 34135**

**DO NOT WRITE
IN THIS SPACE**

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

Judith A. Seymour
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

4/16/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ~~SEYMOUR, WILLIAM T~~
STREET ADDRESS ~~28459 DEL LAGO WAY~~
CITY-ST-ZIP ~~BONITA SPRINGS, FL 34135~~

TITLE STD
NAME SEYMOUR, JUIDTH A
STREET ADDRESS 28459 DEL LAGO WAY
CITY-ST-ZIP BONITA SPRINGS, FL 34135

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IN THIS SPACE**

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 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:

Judith A. Seymour
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/05 **239**
4956504