

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-25-2005 90027 039 ***150.00

DOCUMENT # P01000033780

1. Entity Name

PINEMOOR GOLF, INC.



Principal Place of Business

80 CLUBHOUSE ROAD
ROTONDA WEST FL 33947

Mailing Address

8282
8252 WILTSHIRE DR.
PORT CHARLOTTE FL 33981-2809



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3723838

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUNDERSON, MIKO P
1861 PLACIDA RD., STE. 204
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name

Barbara C. Duff

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

8282 Wiltshire Drive

City

Port Charlotte

FL

Zip Code

33981

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

Barbara C. Duff

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

(NOTE: Registered Agent signature required when reinstating)

3/19/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME FULLENKAMP, DENNIS J
STREET ADDRESS 2911 NE PINE ISLAND RD.
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE P ☐ Delete
NAME WAPINSKI, GARY R
STREET ADDRESS 55 OAKWOOD
CITY-ST-ZIP PALOS PARK IL 60464

TITLE S ☐ Delete
NAME DUFF, JAMES
STREET ADDRESS 8252 WILTSHIRE
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

Gary Wapinski

Gary Wapinski

3/16/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #