

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90417 013 \*\*\*150.00

DOCUMENT # P02000030251

1. Entity Name  
ASPEN GOLF COURSE DESIGN AND CONSTRUCTION  
COMPANY



Principal Place of Business  
800 CELEBRATION AVE  
CELEBRATION, FL 34747

Mailing Address  
800 CELEBRATION AVE  
CELEBRATION, FL 34747



03092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3623846

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BENETTI, MATTHEW  
800 CELEBRATION AVE  
CELEBRATION, FL 34747

**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

*Matthew Benetti*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PTD  
BENETTI, MATTHEW J  
800 CELEBRATION AVE  
CELEBRATION, FL 34747

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SVD  
BENETTI, DEANNA R  
800 CELEBRATION AVE  
CELEBRATION, FL 34747

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Matthew Benetti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.15.04

Date

321.939.7897

Daytime Phone #