

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000041769

Entity Name: SK WINSTON TRAILS G.C., INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

WINSTON TRAILS GOLF CLUB  
6101 WINSTON TRAILS BLVD.  
LAKE WORTH, FL 33463

## **New Principal Place of Business:**

## **Current Mailing Address:**

WINSTON TRAILS GOLF CLUB  
6101 WINSTON TRAILS BLVD.  
LAKE WORTH, FL 33463

## **New Mailing Address:**

FEI Number: 01-0671729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SYMONDS, BRIAN  
WINSTON TRAILS GOLF CLUB  
6101 WINSTON TRAILS BLVD.  
LAKE WORTH, FL 33463 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: SYMONDS, BRIAN  
Address: 90 WINSTON TRIALS GOLF CLUB  
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN SYMONDS

MGR

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date