


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90049 046 \*\*\*150.00

DOCUMENT # P03000021466	
1. Entity Name FLA GOLF PROPERTIES, INC.	

Principal Place of Business 23352 ABRADIE AVE. PORT CHARLOTTE, FL 33980	Mailing Address PO BOX 380393 MURDOCK, FL 33938
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2. Principal Place of Business - No P.O. Box # 238 Fairway Rd.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Rotonda West, FL	City & State
Zip 33947	Country



04042007 Chg-P CR2E034 (12/06)

4. FEI Number 72-1550790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLUMMER, LYNNETTE 23352 ABRADIE AVENUE PORT CHARLOTTE, FL 33980	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLUMMER, STEPHEN G 23352 ABRADIE AVE. PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same 238 Fairway Rd Rotonda West, FL 33947 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PLUMMER, LYNNETTE 23352 ABRADIE AVE. PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same 238 Fairway Rd Rotonda West, FL 33947 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Lynnette Plummer 4/5/2007 941-204-3251  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #