FILED Jan 29, 2007 08:00 AM Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000028448 1. Entity Name DSC GOLF PROPERTY CORP.								
Principal Place of Business 4 GOLF COTTAGE DRIVE NAPLES, FL 34105 Mailing Address C/O SWOPE, LAMBERSON 987 N. COLLIER BLVD. MARCO ISLAND, FL 34145								
DO NOT WRITE IN THE COA				01202007 No Chg-P				(05)
DO NOT WRITE IN THIS SPACE				-	4. FEI Number 20-5793910 S. Certificate of Status Desired Applied For Not Applicable \$8.75 Additional Fee Required			
	6. Name and Address of Current Rec	istered Agent		1	···	**************************************		quiou
	SON, JANE TANA DEL SOL WAY FL 34109				NOT W THIS SP			
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 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, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			icing	\$5. (00 May Be d to Fees	02/01/07	0509554 -80054-022	2 150.00
TITLE	OFFICERS AND DIR	ECTORS				Contract to the contract to th		
NAME STREET ADDRESS CITY-ST-ZIP	SEABROOK, WILLIAM 4 GOLF COTTAGE DRIVE NAPLES, FL 34105							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN ⁻	THIS SP	ACE	
TITLE NAME STREET ACORESS CITY-ST-ZIP			-	•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby of indicated of the corp changed,	ertify that the information supplied with this on this report or supplemental report is true orration or the receiver or trustee empower or on an attachment with all address, with a	filing does not qualify for the exe and accurate and that my signatu ad to execute this report as requin all other like empowered.	mptions conta re shall have ed by Chapte	ained in the sa	in Chapter 119 ame legal effec Florida Statute	, Florida Statutes, I fi t as if made under oa s; and that my name	urther certify that that that the that the that I am an off appears in Block 1	ne information icer or director 0 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

22.1.07

2394363919

Daytime Phone #