


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90023 009 \*\*\*150.00

<b>DOCUMENT # P03000054818</b> 1. Entity Name <b>CASSELBERRY GOLF COMPANY</b>			
Principal Place of Business <b>109 COMMERCE STREET SUITE 1101 LAKE MARY, FL 32746 US</b>		Mailing Address <b>109 COMMERCE STREET SUITE 1101 LAKE MARY, FL 32746 US</b>	
2. Principal Place of Business - No P.O. Box # <b>300 S Lake Truett Dr.</b>		3. Mailing Address <b>4100 Wekiva Club Ct</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Casselberry FL</b>		City & State <b>Longwood FL</b>	
Zip <b>32707</b>		Zip <b>32779</b>	
Country <b>Seminole</b>		Country <b>Seminole</b>	
4. FEI Number <b>01-0787149</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KEIDAISH, PHILIP F JR. 505 WEKIVA SPRINGS ROAD, SUITE 800 LONGWOOD, FL 32779</b>		7. Name and Address of New Registered Agent Name <b>Dello Russo, Robert G</b> Street Address (P.O. Box Number is Not Acceptable) <b>531 Codiseo Way</b> City <b>Sanford</b> FL Zip Code <b>32771</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELLO RUSSO, ROBERT G <del>109 COMMERCE STREET, SUITE 1101</del> <del>LAKE MARY, FL 32746</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dello Russo, Robert G 531 Codiseo Way Sanford FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, GARY <del>109 COMMERCE STREET, SUITE 1101</del> <del>LAKE MARY, FL 32746</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Holmes, Gary 1900 Country Club Blvd Mt. Dora FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gatti, AL 600 Sweetwater Club Blvd Longwood FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barton, H. Chadwick 3551 W FIRST ST Sanford FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barton, H. Chadwick 3551 W FIRST ST Sanford FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barton, H. Chadwick 3551 W FIRST ST Sanford FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barton, H. Chadwick 3551 W FIRST ST Sanford FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barton, H. Chadwick 3551 W FIRST ST Sanford FL 32771
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date Daytime Phone #</small>			