
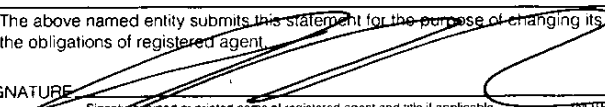
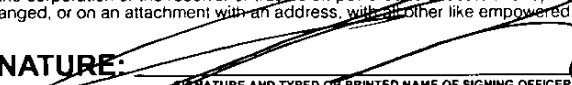


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-01-2008 90023 011 \*\*\*150.00

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # P05000121704</b><br>1. Entity Name<br><b>ROCK SPRINGS RIDGE GOLF CLUB, INC.</b>  |   |   |   |   |  |
| Principal Place of Business<br><b>625 ROCK RIDGE BLVD<br/>APOPKA, FL 32712</b>   |   |   | Mailing Address<br><b>625 ROCK RIDGE BLVD<br/>APOPKA, FL 32712</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>4100 Wetiva Club Ct</b><br><br>Suite, Apt. #, etc.   |   |  |  |
| City & State<br><br>Zip  |   | City & State<br><b>Longwood FL</b><br>Zip<br><b>32779</b>   |   | Country<br><b>Orange</b>   |  |
| 4. FEI Number<br><b>20-3413950</b>   |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DELLO RUSSO, ROBERT G<br/>625 ROCK RIDGE BLVD<br/>APOPKA, FL 32712</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>Dello Russo, Robert G</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>531 Codiseo Way</b><br><br>City <b>Sanford</b> <b>FL</b> 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.<br><br>SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b> <input type="checkbox"/> Delete<br><b>DELLO RUSSO, ROBERT G<br/>625 ROCK RIDGE BLVD<br/>APOPKA, FL 32712</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Dello Russo, Robert G<br/>531 Codiseo Way<br/>Sanford FL 32771</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Gatti, Al<br/>600 Sweetwater Club Blvd<br/>Longwood FL 32779</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Barton, H. Chadwick<br/>3551 W. FIRST ST.<br/>Sanford FL 32771</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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 another like empowered. |   |   |   |  |  |
| <b>SIGNATURE:</b>   |   |   |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____  |   |   |   |  |  |