

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90027 012 ***150.00

DOCUMENT # P33566

1. Entity Name
SAN DIEGO GOLF ACADEMY, INC.



Principal Place of Business
1200 E. ALTAMONTE DRIVE
UNIT 1010
ALTAMONTE SPRINGS, FL 32707 US

Mailing Address
7373 N. SCOTTSDALE BLVD.
SUITE B-100
SCOTTSDALE, AZ 85254 US

54061739



2. Principal Place of Business
1200 E. ALTAMONTE DRIVE

3. Mailing Address
7373 N. SCOTTSDALE ROAD

07062004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
UNIT 1010

Suite, Apt. #, etc.
SUITE B-100

City & State
ALTAMONTE SPRINGS, FL 32707

City & State
SCOTTSDALE, AZ

4. FEI Number
95-3609840

Applied For
 Not Applicable

Zip
32701

Country
US

Zip
85253

Country
US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HARRIS, BOB L.
AKERMAN, SENTERFITT, EIDSON & MOFFITT
216 S. MONROE ST., STE. 300
TALLAHASSEE, FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, FREDERICK L.	
STREET ADDRESS	2540 JUAN ST	
CITY-ST-ZIP	SAN DIEGO, CA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	POWELL, DANA K	
STREET ADDRESS	7878 N. GAINNEY RANCH ROAD, #60	
CITY-ST-ZIP	SCOTTSDALE, AZ 85258	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POWELL, PETER	
STREET ADDRESS	7878 N. GAINNEY RANCH ROAD, #60	
CITY-ST-ZIP	SCOTTSDALE, AZ 85258	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL; DANA K.	
STREET ADDRESS	6025 E. HORSESHOE ROAD	
CITY-ST-ZIP	PARADISE VALLEY, AZ 85253	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL PETER A.	
STREET ADDRESS	6025 E. HORSESHOE ROAD	
CITY-ST-ZIP	PARADISE VALLEY, AZ 85253	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dana K. Powell* **DANA K. POWELL** **7/7/04** **(480) 905-9288**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #