

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

192

06 AUG -4 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DSE



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number
75-2473840

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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.

400078493814
08/08/06--01063--015 **150.00

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOWE, DOUGLAS
STREET ADDRESS	3030 LBJ FRWY STE 700
CITY - ST - ZIP	DALLAS, TX 75234
TITLE	S
NAME	HENSLEE, THOMAS
STREET ADDRESS	3030 LBJ FREEWAY
CITY - ST - ZIP	DALLAS, TX 75234
TITLE	T
NAME	POWER, KEVIN
STREET ADDRESS	3050 LBJ FRWY
CITY - ST - ZIP	DALLAS, TX 75234
TITLE	VPD
NAME	BASS, KEITH
STREET ADDRESS	8430 ENTERPRISE CIRCLE #100
CITY - ST - ZIP	BRADENTON, FL 34202
TITLE	VPD
NAME	LANE, MIKE
STREET ADDRESS	3030 LBJ FREEWAY
CITY - ST - ZIP	DALLAS, TX 75234
TITLE	VPD
NAME	TRIPOLI, TOM
STREET ADDRESS	3030 LBJ FREEWAY
CITY - ST - ZIP	DALLAS, TX 75234

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas Henslee

4-19-06 972-2436191



2072

July 12, 2006

#P93000022585

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Notice of Intent to Dissolve
See Attached List

Dear Sir or Madam:

I am writing in reference to the 37 **Notice of Intent to Dissolve** postcards we recently received. We respectfully request the penalty be waived and the notice be withdrawn for the following reasons.

Enclosed is a list of each entity, document numbers, check numbers and amounts for each annual report that was mailed on April 24, 2006. To date, none of the enclosed documents have been received by your office or returned to us. Enclosed please find copies of the Annual Reports, the original checks that were issued for each report and the Notices of Intent to Dissolve.

Although we do not have proof of mailing from the US Post Office, all reports were mailed on April 24, 2006. We believe all of the copies we've enclosed show we did make every effort to file the annual reports and pay all fees in a timely manner. If you review our history with the State of Florida, you will see a consistent pattern of timely reports filed year after year.

New checks have been issued and are included for each entity. If you receive any of the original checks on the enclosed list, do not deposit as a stop payment has been issued. Please return them to ClubCorp USA, Inc., %Debbie Thayer, P.O. Box 819087, Dallas, TX 75381.

If there are any questions or if further information is needed, please contact me at 972-888-7784.

Sincerely,

Debbie Thayer
State Tax Assistant

Enclosures

91 7108 2133 3932 6829 0324

7/13/06 CERTIFIED RETURN RECEIPT