FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000017039

1. Corporation Name

GOLF & WATER ENTERPRISES, INC.

Findipal Flace of busines
8861 LELY ISLAND CIR
NAPLES FL 34113

Mailing Address

985 N COLUER BLVD MARCO ISLAND FL 33937

-US

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90001 001 ***150.00



DO	NOT	WRITE	IN THIS	SPACE

3. Date Incorporated or Qualifed

					02/28/1994			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	olied For	
21 4979 TAMIAMI TRAIL EAST 26					65-0473592		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A		
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	
23 NAP	IPI FL.	28	`		Trust Fund Contribution	Added to	> Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year le		_ '	
24 3411	13 25 CALLIERS	29	30		Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registere	d Agent		
	1		81	Name				
WEB	BSTER, RONALD S		82	82 Street Address (P.O. Box Number is Not Acceptable)				
	N COLLIER BLVD		"	00000				
MAR	RCO ISLAND FL 33937		83		<u> </u>			
			L.	<u> </u>		. 85 Zip C	`ode	
	•		84	City	F		,oue	
44 Dumunat	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	es the abov	e-named co	orporation submits this statement for the purpose	of changing its	registered	
office or r	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida. Such change was a	utnonzea by	tue corpor	ation's board of directors. I hereby accept the app	ointment as reg	jistered	
SIGNATURE		Cartella Sanctionale (MOTE)	Danietend 6	el ekanatura rec	juired when reinstating) DATE			
	Signature, typed or printed name of registered agen	ID DIRECTORS	13.	nt signature req	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
12.		DELETE	1,1 TITLE	$ \overline{}$	7.001110110701111111020111111	Change	☐ Addition	
TITLE	PT CARDINER (OLIVILA)	C DESCRIP	1.2 NAME			-		
NAME GARDINER, JOHN H		, ·		T 4505500	DRG 1-1-THAND CREAT	<i>a</i>		
STREET ADDRESS	1				ABGI LELY INLAND CIRCLE			
CITY-ST-ZIP	NAPLES FL	□ pereze	1,4 CITY-ST-ZIP		NAPLES, FL. 3443	Change	Addition	
TITLE	VS	☐ DELETE	2.1 TITLE		PAPLES, FL. 3403 PAGI LELY ISLAND CI NAPLES, FL. 34113	Tage Change		
STREET ADDRESS 176 ST JAMES WAY					DAGI LELY ISLAND CI	RCLE		
				TADDRESS	Alan we all with 3	· *		
CITY-ST-ZIP	NAPLES FL		2, 4 CiTY-	ST-ZIP	WAPLES, FL. 39/13	Change	Addition	
TILE: ~	-	DELETE -	3.1 TITLE	- 1	•	[_] Change		
NAME ,			3.2 NAME	·.	.`			
STREET ADDRESS	3		3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE	- \	☐ DELETE	4,1 TITLE			Change	Addition	
NAME	1 .		4, 2 NAME					
STREET ADDRESS	5		4,3 STREE	T ADDRESS				
CITY-ST-ZIP	·-		4.4 CITY-5	ST-ZiP				
TITLE	,	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME	{		5.2 NAME	ļ				
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP	1		5.4 CITY-S	ST-ZIP				
TITLE			6.1 TITLE			☐ Change	Addition	
	1	☐ DELETE	Q., 117LL					
NAME		☐ DELETE	6.2 NAME					
NAME		. DELETE	6.2 NAME	T ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP		. U DELETE	6.2 NAME	T ADDRESS				

indicated on this annual report or 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 annual report or supplemental annual 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 12 or Block 13 if changes for on against ment with an address, with all other like empowered.

SIGNATUR