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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000037364 (3)

1. Corporation Name
WESTMINSTER GOLF CLUB, INC.



Principal Place of Business
15300 FIDDLESTICKS BLVD.
FORT MYERS FL 33912

Mailing Address
15300 FIDDLESTICKS BLVD.
FORT MYERS FL 33912-3913

3. Date Incorporated or Qualified
05/11/1995
3a. Date of Last Report
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 2199 BERKLEY WAY
Suite, Apt. #, etc.

26 2199 BERKLEY WAY
Suite, Apt. #, etc.

4. FEI Number
65-0589807
Applied For
Not Applicable

22 City & State
23 LEHIGH ACRES, FL

27 City & State
28 LEHIGH ACRES, FL

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

23 LEHIGH ACRES, FL
Zip 33971 Country USA

28 LEHIGH ACRES, FL
Zip 33971 Country USA

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33971 25 USA 29 33971 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAVINA, PETER J
1833 HENDRY STREET
FORT MYERS FL 33901

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature required in printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIMMONDS, WILLIAM J	
STREET ADDRESS	15300 FIDDLESTICKS BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SIMMONDS, WILLIAM J JR.	
STREET ADDRESS	5152 E. LAKE ROAD	
CITY-ST-ZIP	AUBURN NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILTON, JEFFREY	
STREET ADDRESS	7945 MAC ARTHUR BLVD., #214	
CITY-ST-ZIP	CABIN JOHN MD	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	KOLB, RICHARD H.	
STREET ADDRESS	3215 W. GULF DRIVE	
CITY-ST-ZIP	SANIBEL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SEGUIN, KATHLEEN B.	
STREET ADDRESS	201 WEST 77TH ST., #12D	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	V. PAUL SCOGGINS	
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	14811 LAGUNA DR -A401
4.4 CITY-ST-ZIP	FORT MYERS, FL 33908
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V. PAUL SCOGGINS
6.3 STREET ADDRESS	2337 SUNRISE BLVD
6.4 CITY-ST-ZIP	FORT MYERS, FL 33907

14. I do 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 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 changed, or on an attachment with an address.

SIGNATURE: Richard H. Kolb, VP-TREAS 3/4/97 941-368-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)