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FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

2199 BERKLEY WAY
LEHIGH ACRES FL 33971
US

Mailing Address

2199 BERKLEY WAY
LEHIGH ACRES FL 33971
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1995

4. FEI Number

65-0589807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SIMMONDS, WILLIAM J
STREET ADDRESS 15300 FIDDLESTICKS BLVD.
CITY-ST-ZIP FORT MYERS FL 33912 ☐ DELETE

TITLE VD
NAME SIMMONDS, WILLIAM J JR.
STREET ADDRESS 5152 E. LAKE ROAD
CITY-ST-ZIP AUBURN NY ☐ DELETE

TITLE D
NAME MILTON, JEFFREY
STREET ADDRESS 7945 MAC ARTHUR BLVD., #214
CITY-ST-ZIP CABIN JOHN MD ☒ DELETE

TITLE VTD
NAME KOLB, RICHARD H.
STREET ADDRESS 14811 LAGUNA DR A401
CITY-ST-ZIP FORT MYERS FL ☐ DELETE

TITLE SD
NAME SEQUIN, KATHLEEN B.
STREET ADDRESS 201 WEST 77TH ST., #12D
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE V
NAME SCOGGINS, V. PAUL
STREET ADDRESS 2337 SUNRISE BLVD
CITY-ST-ZIP FORT MYERS FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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: *[Signature]*

CR2E034 (10/97)