


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000044148</b> 1. Entity Name <b>FLA GOLF WEST FLORIDA, INC.</b>	
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Principal Place of Business <b>15395 GULF BOULEVARD MADEIRA BEACH, FL 33708</b>	Mailing Address <b>PO BOX 20055 BRADENTON, FL 34204-0055</b>
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04032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0587492</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SCHIAVONE, GEORGE A 15395 GULF BOULEVARD MADEIRA BEACH, FL 33708</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	VSD ROSEMARY BALL 222 SOUTH MULBERRY ST. MUNCIE, IN 47308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BALL, FRANK 222 S MULBERRY ST MUNCIE, IN 47305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHIAVONE, GEORGE A PO BOX 20055 BRADENTON, FL 342040055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD FOY, DOUGLAS J 222 S MULBERRY ST. MUNCIE, IN 47305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/24/06-80001-025 150.00

**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: DOUGLAS J. FOY - Doug J. Foy, Asst. Secy 4-6-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #