

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P95000044148**

1. Entity Name  
FLA GOLF WEST FLORIDA, INC.



Principal Place of Business  
15395 GULF BOULEVARD  
MADEIRA BEACH, FL 33708

Mailing Address  
PO BOX 20055  
BRADENTON, FL 34204-0055



04092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0587492

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SCHIAVONE, GEORGE A  
15395 GULF BOULEVARD  
MADEIRA BEACH, FL 33708

**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.

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, 2007 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

1000000708616  
04/24/07-80043-004 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK E. BALL

4/12/07

Date

765-741-5500

Daytime Phone #