2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# P95000044148

Entity Name: FLA GOLF WEST FLORIDA, INC.

Current Principal Place of Business:

15395 GULF BOULEVARD
MADEIRA BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

PO BOX 20055
BRADENTON, FL 342040055

New Mailing Address:

FEI Number: 65-0587492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VSD ( ) Delete
Name: ROSEMARY BALL
Address: 222 SOUTH MULBERRY ST.
City-St-Zip: MUNCIE, IN 47308

Title: PTD ( ) Delete
Name: BALL, FRANK
Address: 222 S MULBERRY ST
City-St-Zip: MUNCIE, IN 47305

Title: VD ( ) Delete
Name: SCHIAVONE, GEORGE A
Address: PO BOX 20055
City-St-Zip: BRADENTON, FL 342040055

Title: ASD ( ) Delete
Name: FOY, DOUGLAS J
Address: 222 S MULBERRY ST.
City-St-Zip: MUNCIE, IN 47305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS J. FOY ASD 04/02/2009

Electronic Signature of Signing Officer or Director — Date