

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000050360 (3)

1. Corporation Name

LONGWOOD GOLF CENTER, INC.



Principal Place of Business

Mailing Address

~~2527 ACHILLES STREET  
PORT CHARLOTTE FL 33980~~  
23411 HARBOR VIEW RD.  
CHARLOTTE HARBOR, FL  
33980

2527 ACHILLES STREET  
PORT CHARLOTTE FL 33980

2. Principal Place of Business

2a. Mailing Address

21 23411 HARBOR VIEW RD.  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 CHARLOTTE HARBOR, FL  
City & State

27 City & State

23 Zip 33980 Country U.S.A

28 Zip

30 Country

3. Date Incorporated or Qualified  
06/27/1995

3a. Date of Last Report  
N.A.

4. FEI Number  
65-0596695

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

10. Name and Address of New Registered Agent (same)

9. Name and Address of Current Registered Agent

VASEY, JOHN T  
2527 ACHILLES STREET  
PORT CHARLOTTE FL 33980

81 Name JOHN T. VASEY

82 Street Address (P.O. Box Number is Not Acceptable)  
2527 ACHILLES ST.

83

84 City PORT CHARLOTTE

FL

85 Zip Code 33980

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 JOHN T. VASEY, PRESIDENT

Signature, typed or printed name of registered agent and the filer

(Print) Registered Agent's name, typed or printed name of filer

3-20-96  
DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME VASEY, JOHN T  
STREET ADDRESS 2527 ACHILLES STREET  
CITY-ST-ZIP PORT CHARLOTTE FL 33980 ☐ DELETE

TITLE D  
NAME VASEY, MARTHA J  
STREET ADDRESS 2527 ACHILLES STREET  
CITY-ST-ZIP PORT CHARLOTTE FL 33980 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: JOHN T. VASEY - PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. Vasey 3/20/96 941-766-0025  
DATE DAYTIME PHONE

CR2E034 (12/95)