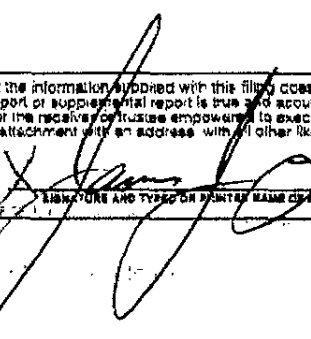


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000051953		
1. Entity Name SPECIALIZED GOLF MANAGEMENT, INC.		
Principal Place of Business 465 S CANADAY DRIVE INVERNESS, FL 34450 US		Mailing Address 465 S CANADAY DRIVE INVERNESS, FL 34450 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WOODWARD, CRAIG R ESQ 606 BALD EAGLE DRIVE STE 500 MARCO ISLAND, FL 33869		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 if fee remitting) 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	D LARNER, JAMES J 465 S CANADAY DRIVE INVERNESS, FL 34450	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGREE, TERRILL A 3631 NO. MOSS CREEK POINT LECANTO, FL 34461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 individual 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:  James J. Lerner 4/28/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 85-0584425	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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05/17/06-80119-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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