


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90247 033 ***150.00

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|---|---|
| DOCUMENT # P96000004400 1. Entity Name FLORIDIAN GOLF CLUB CO. |  |
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| Principal Place of Business 450 E. LAS OLAS BLVD STE 1500 FORT LAUDERDALE, FL 33301 | Mailing Address 450 E. LAS OLAS BLVD STE 1500 FORT LAUDERDALE, FL 33301 |
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14022418



04202004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0733701 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 777 SO. FLAGLER DRIVE STE 500E WEST PALM BEACH, FL 33401 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HUIZENG, H.WAYNE JR 450 E. LAS OLAS BLVD., 15 FLOOR FT. LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT BRANDEN, CRIS V 450 E. LAS OLAS BLVD., 15TH FLOOR FT. LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HANDLEY, RICHARD L 450 E. LAS OLAS BLVD, 15TH FLOOR FT. LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **CRIS V BRANDEN** Vice President 4/21/04 954-627-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #