

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000011909

1. Entity Name
BIG CYPRESS GOLF CORPORATION



FILED
Apr 07, 2008 08:00 A
Secretary of State

Principal Place of Business

11300 4TH ST. N.
STE. 200
ST PETERSBURG, FL 33716 US

Mailing Address

11300 4TH ST. N.
STE. 200
ST PETERSBURG, FL 33716 US



03072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3360914

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COMM. INVESTMENT CORP.
11300 4TH ST. N.
STE. 200
ST PETERSBURG, FL 33716

**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, 2008 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

04/16/08-80038-002 150.00

TITLE	P
NAME	YOUNG, ROBERT B
STREET ADDRESS	11300 4TH ST. N. STE. 200
CITY-ST-ZIP	ST PETERSBURG, FL 33716
TITLE	VS
NAME	SEMBLER, STEVEN M
STREET ADDRESS	11300 4TH ST. N. STE. 200
CITY-ST-ZIP	ST PETERSBURG, FL 33716
TITLE	VP
NAME	FELICE, DAVID M
STREET ADDRESS	11300 4TH ST., N., STE 200
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	T
NAME	MCDONALD, KAREN
STREET ADDRESS	11300 4TH ST NORTH SUITE 200
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	AS
NAME	FANELLI, JULIE
STREET ADDRESS	11300 4TH ST NORTH SUITE 200
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
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 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

Julie V. Fanelli

3/12/08

Date

(727) 571-5522

Daytime Phone #