

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000023795

FILED
Apr 26, 2004
Secretary of State

Entity Name: GOLF AMERICA OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

6300 18TH AVE NW
NAPLES, FL 34119

New Principal Place of Business:

6300 GOLDEN OAKS LANE
NAPLES, FL 34119

Current Mailing Address:

6300 18TH AVE NW
NAPLES, FL 34119

New Mailing Address:

6300 GOLDEN OAKS LANE
NAPLES, FL 34119

FEI Number: 59-3425382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSTANTINE, TIMOTHY J
6300 18TH AVENUE NW
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

CONSTANTINE, TIMOTHY J
6300 GOLDEN OAKS LANE
NAPLES, FL 34119 US

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

04/26/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: CONSTANTINE, TIMOTHY J
Address: 6300 18TH AVENUE NW
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: CONSTANTINE, TIMOTHY J
Address: 6300 18TH AVENUE NW
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: CONSTANTINE, TIMOTHY J
Address: 6300 GOLDEN OAKS LANE
City-St-Zip: NAPLES, FL 34119

Title: D (X) Change () Addition
Name: CONSTANTINE, TIMOTHY J
Address: 6300 GOLDEN OAKS LANE
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY J CONSTANTINE

Electronic Signature of Signing Officer or Director

PRES

04/26/2004

Date