

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000023795

FILED
Mar 27, 2007
Secretary of State

Entity Name: GOLF AMERICA OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

1361 AIRPORT ROAD SOUTH
SUITE 100
NAPLES, FL 34104

New Principal Place of Business:

2049 CROWN DRIVE
ST. AUGUSTINE, FL 32092

Current Mailing Address:

1361 AIRPORT ROAD SOUTH
SUITE 100
NAPLES, FL 34104

New Mailing Address:

2049 CROWN DRIVE
ST. AUGUSTINE, FL 32092

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
1361 AIRPORT ROAD SOUTH
SUITE 100
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

CONSTANTINE, TIMOTHY J
2049 CROWN DRIVE
ST. AUGUSTINE, FL 32092 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:

03/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: CONSTANTINE, JANET D
Address: 1361 AIRPORT ROAD SOUTH #100
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: CONSTANTINE, TIMOTHY J
Address: 1361 AIRPORT ROAD SOUTH #100
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: CONSTANTINE, JANET D
Address: 2059 CROWN DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D (X) Change () Addition
Name: CONSTANTINE, TIMOTHY J
Address: 2049 CROWN DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JANET D CONSTANTINE

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03/27/2007

Electronic Signature of Signing Officer or Director

Date