

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 25 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000041664 (9)

1. Corporation Name

KEN VENTURI GOLF ACADEMY AT GRENELEFE, INC.

Principal Place of Business

6246 DONEGAL DRIVE  
ORLANDO FL 32819

Mailing Address

6246 DONEGAL DRIVE  
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

05/14/1996

4. FEI Number

59-3386915

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 3200 State Rd 546

2a. Mailing Address

26 3200 State Rd 546

Suite, Apt. #, etc.

22 Box 7110

Suite, Apt. #, etc.

27 Box 7110

City & State

23 Haines City, FL

City & State

28 Haines City, FL

Zip

24 33844

Country

25 USA

Zip

29 33844

Country

30 USA

9. Name and Address of Current Registered Agent

O'NEIL, DANNY  
6246 DONEGAL DRIVE  
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
O'NEIL, DANNY  
STREET ADDRESS  
6246 DONEGAL DRIVE  
CITY-ST-ZIP  
ORLANDO FL 32819

TITLE ☐ DELETE

NAME  
O'NEIL, THOMAS M  
STREET ADDRESS  
251 NORTH ILLINOIS / OFFICE PAVILLION  
CITY-ST-ZIP  
INDIANAPOLIS IN 46204

TITLE ☐ DELETE

NAME  
~~Patrick Schneider~~  
STREET ADDRESS  
~~3200 State Rd 546 Box 7110~~  
CITY-ST-ZIP  
~~Haines City, FL 33844~~

TITLE ☐ DELETE

NAME  
~~Scott Schneider~~  
STREET ADDRESS  
~~3200 State Rd 546 Box 7110~~  
CITY-ST-ZIP  
~~Haines City, FL 33844~~

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)