

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000044898

FILED
Jan 10, 2005
Secretary of State

Entity Name: WOODHAVEN FAMILY GOLF CENTER, INC.

Current Principal Place of Business:

2018 PROUDE STREET
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

4632 CLUB DR.
201
PORT CHARLOTTE, FL 33953

Current Mailing Address:

2018 PROUDE STREET
PORT CHARLOTTE, FL 33953

New Mailing Address:

4632 CLUB DR.
201
PORT CHARLOTTE, FL 33953

FEI Number: 65-0637620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, CHARLES P
2018 PROUDE STREET
PORT CHARLOTTE, FL 33953 US

Name and Address of New Registered Agent:

HAMILTON, CATHERINE A
4632 CLUB DR.
201
PORT CHARLOTTE, FL 33953 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: CATHERINE A. HAMILTON

01/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAMILTON, CHARLES P
Address: 2018 PROUDE STREET
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: C () Delete
Name: HAMILTON, KRISTINE A
Address: 2018 PROUDE STREET
City-St-Zip: PORT CHARLOTTE, FL 33953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAMILTON, CHARLES P
Address: 2018 PROUDE STREET
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: ST (X) Change () Addition
Name: HAMILTON, CATHERINE A
Address: 4632 CLUB DR. #201
City-St-Zip: PORT CHARLOTTE, FL 33953

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: CATHERINE A. HAMILTON

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01/10/2005

Electronic Signature of Signing Officer or Director

Date