

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90126 039 ***150.00

DOCUMENT # P97000021636

1. Entity Name

LAKE BESS GOLF CLUB, INC.



Principal Place of Business

218 GOLF AIRE BLVD
WINTER HAVEN FL 33884

Mailing Address

218 GOLF AIRE BLVD
WINTER HAVEN FL 33884



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3436431

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEYMAN, JEANNE M
239 GOLF AIRE BLVD
WINTER HAVEN FL 33884

Name

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

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME DIES, DUANE
STREET ADDRESS 230 GOLF AIRE BLVD
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Change ☒ Addition
NAME PRESIDENT
STREET ADDRESS CHARLES FLAKE
CITY-ST-ZIP 221 GOLF AIRE BLVD
WINTER HAVEN FL 33884

TITLE S ☒ Delete
NAME REICHEL, ARDIS
STREET ADDRESS 247 GOLF AIRE BLVD.
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Change ☒ Addition
NAME TREASURER
STREET ADDRESS DANELLE WOLF
CITY-ST-ZIP 252 GOLF AIRE BLVD
WINTER HAVEN FL 33884

TITLE T ☐ Delete
NAME HEYMAN, JEANNE
STREET ADDRESS 239 GOLF AIRE BLVD.
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☒ Change ☐ Addition
NAME SECRETARY
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME THEISS, FRED
STREET ADDRESS 248 GOLF AIRE BLVD
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS THEODORE CARMICHAEL
CITY-ST-ZIP 206 GOLF AIRE BLVD
WINTER HAVEN FL 33884

TITLE D ☒ Delete
NAME MELTON, WAYNE
STREET ADDRESS 234 GOLF AIRE BLVD
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS DUANE DIES
CITY-ST-ZIP 230 GOLF AIRE BLVD
WINTER HAVEN FL 33884

TITLE D ☒ Delete
NAME VOSE, JOYCE
STREET ADDRESS 235 GOLF AIRE BLVD
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS JOHN BEERNINK
CITY-ST-ZIP 239 GOLF AIRE BLVD
WINTER HAVEN FL 33884

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Charles R. Flake*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-06

Date

863-326-9171

Daytime Phone #