

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90199 006 ***150.00

DOCUMENT # P97000025121

1. Entity Name

N.L GOLF PROPERTIES, INC.



Principal Place of Business

2200 NORTH COMMERCE PARKWAY
SUITE 206
WESTON, FL 33326 US

Mailing Address

2200 NORTH COMMERCE PARKWAY
SUITE 206
WESTON, FL 33326 US

24070932



03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0742086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLITZMAN, LAWRENCE S
2200 NORTH COMMERCE PARKWAY
SUITE 206
WESTON, FL 33326

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KLITZMAN, LAWRENCE S
STREET ADDRESS 2200 N COMMERCE PKWY SUITE 206
CITY-ST-ZIP WESTON, FL 33326

TITLE STD
NAME GARS, IRWIN S
STREET ADDRESS 3225 AVIATION AVENUE STE700
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE D
NAME FLEISCHER, LAWRENCE
STREET ADDRESS 14 WILLOW LANE
CITY-ST-ZIP KINGS PARK, NY 11759

TITLE D
NAME ATKIND, LEON
STREET ADDRESS 2200 S OCEAN DR #2110
CITY-ST-ZIP FT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-04

954 384-4421