

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 12, 2005 8:00 am
Secretary of State

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07112005 Chg-P CR2E034 (10/03)

DOCUMENT # P97000026617 1. Entity Name WEST END GOLF CLUB, INC.			
Principal Place of Business 12830 W NEWBERRY ROAD NEWBERRY, FL 32-6695		Mailing Address 3525 W PETERSON AVENUE SUITE 218 CHICAGO, IL 60659	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address West End Golf Club 12830 W. Newberry Rd. City & State Newberry, FL Zip Country 32669 USA	
		4. FEI Number 59-3436721	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERRIAM, LAUREN E III 4 S.E. BROADWAY OCALA, FL 34471		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS	TITLE	DPS
NAME	MIN, JAMES	NAME	Min, James
STREET ADDRESS	3525 W PETERSON AVE STE 218	STREET ADDRESS	2315 Thornwood Ave
CITY - ST - ZIP	CHICAGO, IL 60659	CITY - ST - ZIP	Wilmette, IL 60091
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	Vice President
NAME		NAME	Min, Peter
STREET ADDRESS		STREET ADDRESS	13417 NW 19th Place
CITY - ST - ZIP		CITY - ST - ZIP	Gainesville, FL 32606
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Peter M. Min 7/11/05 352-332-2721 <small>Date Daytime Phone #</small>	