

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90202 036 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000083332

1. Corporation Name  
**SYNERGY GOLF DEVELOPMENT, INC.**



Principal Place of Business 4326 BONITA BEACH ROAD BONITA SPRINGS FL 34134	Mailing Address 4326 BONITA BEACH ROAD BONITA SPRINGS FL 34134
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/26/1997	4. FEI Number 65-0805970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 2039 MISSION DR.	2a. Mailing Address 26 2039 MISSION DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NAPLES, FLORIDA	City & State 28 NAPLES, FLORIDA
Zip 24 34109	Country 25 U.S.A.
Zip 29 34109	Country 30 USA.

9. Name and Address of Current Registered Agent  
 GALVANO, WILLIAM S  
 1023 MANATEE AVENUE WEST  
 BRADENTON FL 34205

10. Name and Address of New Registered Agent  
 81 Name W. Jeffrey Cecil  
 82 Street Address (P.O. Box Number is Not Acceptable) 5801 Pelican Bay Boulevard  
 83 Suite 300  
 84 City Naples FL 85 Zip Code 34108

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FIELDS, JAMES J	
STREET ADDRESS	2039 MISSION DRIVE	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GALVANO, RICHARD D	
STREET ADDRESS	8518 FORDHAM STREET	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSINUS, FRANZ J	
STREET ADDRESS	25151 PENNYROYAL DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D William J. Krystopowicz
1.3 STREET ADDRESS	205 PRESWICK PARK DRIVE
1.4 CITY-ST-ZIP	NEWNAN, GEORGIA 30245
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: James J. Fields PRES. 4/29/99 (941) 594-7355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)