

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90323 009 \*\*\*150.00

**DOCUMENT # P97000106972**

1. Entity Name

PARADISE GOLF PROPERTIES, INC.



Principal Place of Business

16660 PINE RIDGE ROAD  
FORT MYERS FL 33908  
US

Mailing Address

16660 PINE RIDGE ROAD  
FORT MYERS FL 33908  
US

2. Principal Place of Business

16750 PINE RIDGE ROAD  
Suite, Apt. #, etc.

3. Mailing Address

16750 PINE RIDGE ROAD  
Suite, Apt. #, etc.

City & State

FT MYERS, FL

Zip

33908

Country

Lee

City & State

FT MYERS, FL

Zip

33908

Country

Lee

4. FEI Number

52-2074231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOSEY, DANIEL R  
16410 MILLSTONE CIRCLE  
#103  
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name  
LOSEY, DANIEL

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

15050 BALMORAL LOOP

City  
FT MYERS,

FL

Zip Code  
33919

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

4/7/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

TITLE PD  
NAME LOSEY, DANIEL R  
STREET ADDRESS 16410 MILLSTONE CIRCLE, #103  
CITY-ST-ZIP FORT MYERS FL 33908 ☐ Delete

TITLE DTS  
NAME LOSEY, TONYA  
STREET ADDRESS 16410 MILLSTONE CIRCLE, #103  
CITY-ST-ZIP FT MYERS FL 33908 ☐ Delete

TITLE V  
NAME SPENCER, DAVIS  
STREET ADDRESS 1580 BAYWATER LANE  
CITY-ST-ZIP CICERO IN 46034 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LOSEY, DANIEL ☒ Change ☐ Addition  
STREET ADDRESS 15050 BALMORAL LOOP  
CITY-ST-ZIP FT MYERS, FL 33919

TITLE DTS  
NAME LOSEY, TONYA ☒ Change ☐ Addition  
STREET ADDRESS 15050 BALMORAL LOOP  
CITY-ST-ZIP FT MYERS, FL 33919

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/04

Daytime Phone #

239-432-0000