2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000019816

1. Entity Name

HIDEOUT GOLF CLUB, INC.

Principal Place of Business	Mailing Address
3025 BRANTLEY BLVD NAPLES FL 34117	3025 BRANTLEY BLVD NAPLES FL 34117

MOORE   CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt #, etc.	Suite, Apt #, etc.		
City & State	City & State		
Zip / Country	Zip / Country		

4. FEI Number **59-3501341**   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
KENT, MAURICE D 3025 BRANTLEY BLVD NAPLES FL 34117	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 reinstating)   DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **P** NAME **KENT, MAURICE D** STREET ADDRESS **3025 BRANTLEY BLVD** CITY-ST-ZIP **NAPLES FL 34117**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000042620 02/10/04-80028-034 150.00
TITLE **ST** NAME **MURPHY, SHARON K** STREET ADDRESS **3025 BRANTLEY BLVD** CITY-ST-ZIP **NAPLES FL 34117**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000042620 02/10/04-80028-035 8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: _Sharon K. Murphy, Secretary/Treas._ 1/29/04 (239) 352-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #