

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000027628

1. Entity Name

EVERGLADES GOLF CORP.



Principal Place of Business

C/O QUINBY REALTY
3775 AIRPORT-PULLING ROAD
NAPLES, FL 34105

Mailing Address

C/O QUINBY REALTY
3775 AIRPORT-PULLING ROAD
NAPLES, FL 34105



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3501206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLAND, CLINT
37635 AIRPORT RD
NAPLES, FL 34105

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000712489
04/26/07-80050-006 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME QUNIBY, CLYDE C
STREET ADDRESS 3775 AIRPORT RD.
CITY-ST-ZIP NAPLES, FL 34105

TITLE TS
NAME KUKK, THOMAS
STREET ADDRESS 4140 DERRWOOD DR.
CITY-ST-ZIP AKRON, OH 44313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Cly - S. Quinby **CLYDE QUINBY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/07

Daytime Phone #

(239) 435-1191