



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Sep 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000039174 1. Entity Name MARGATE EXECUTIVE GOLF COURSE, INC.					
Principal Place of Business 11734 DUNES ROAD BOYNTON BEACH FL 33436				Mailing Address 11734 DUNES ROAD BOYNTON BEACH FL 33436	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0831306	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DUNGEY, RICHARD FOX, WAIKEEN, DUGEY, SEDEY 1100 SOUTH FEDERAL HIGHWAY STUART FL 34994				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
PD DALE, BURL 11734 DUNES ROAD BOYNTON BEACH FL 33436			1100000378189 09/12/05-80002-010 550.00		
STD DALE, BARBARA 11734 DUNES ROAD BOYNTON BEACH FL 33436			1100000378189 09/12/05-80002-010 550.00		
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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: BURL DALE <i>Burl Dale</i> 9/6/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					