

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000048212

1. Entity Name  
SUMMIT GOLF GROUP-JACKSONVILLE, INC.



FILED

08 SEP 17 AM 8:45

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
60 OCEAN BLVD 60 OCEAN BLVD  
#15 #15  
ATLANTIC BEACH, FL 32233 US ATLANTIC BEACH, FL 32233 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
60 OCEAN BLVD 60 OCEAN BLVD  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
SUITE 15 SUITE 15

City & State City & State  
ATLANTIC BCH FL ATLANTIC BCH FL  
Zip Country Zip Country  
32233 US 32233 US

09152008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3578744 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STARK, KEVIN V MR.  
1605 ARDEN WAY  
JACKSONVILLE BEACH, FL 32250

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 \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STARK, KEVIN V	
STREET ADDRESS	60 OCEAN BLVD	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	D	<input type="checkbox"/> Delete
NAME	STARK, JOANNA R	
STREET ADDRESS	60 OCEAN BLVD	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100136161221
STREET ADDRESS	09/19/08--01049--013 **150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Joanna R. Stark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/17  
aw