


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # P99000082306 1. Entity Name GOLF CLUB OF THE EVERGLADES, INC.	
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Principal Place of Business 3765 AIRPORT ROAD NORTH 201 NAPLES, FL 34105	Mailing Address 3765 AIRPORT ROAD NORTH 201 NAPLES, FL 34105
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DO NOT WRITE IN THIS SPACE



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number 60-5953414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINBY, CLYDE
3765 AIRPORT ROAD NORTH
SUITE 201
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 Clyde Quinby Clyde Quinby 3-31-07
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLICKLE, JOHN
STREET ADDRESS	400 WEST MARKET STREET
CITY-ST-ZIP	AKRON, OH 44303
TITLE	D
NAME	BARTON, WILLIAM
STREET ADDRESS	6054 PALM CIRCLE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	JANOSEK, JAMES
STREET ADDRESS	2265 CLAQUE ROAD
CITY-ST-ZIP	WESTLAKE, OH 44245
TITLE	D
NAME	KUKK, TOOMAS
STREET ADDRESS	4240 DERRWOOD DRIVE
CITY-ST-ZIP	AKRON, OH 44313
TITLE	D
NAME	JOHNSON, VINCE
STREET ADDRESS	1222 DEARBORN DR
CITY-ST-ZIP	AKRON, OH 44313
TITLE	D
NAME	QUINBY, CLYDE
STREET ADDRESS	3765 AIRPORT ROAD NORTH, SUITE 201
CITY-ST-ZIP	NAPLES, FL 34105

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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: Clyde Quinby 3-31-07 239-643-4241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone