

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082306

FILED
Apr 30, 2009
Secretary of State

Entity Name: GOLF CLUB OF THE EVERGLADES, INC.

Current Principal Place of Business:

3765 AIRPORT ROAD NORTH
201
NAPLES, FL 34105

New Principal Place of Business:

3785 AIRPORT ROAD NORTH
C
NAPLES, FL 34105

Current Mailing Address:

3765 AIRPORT ROAD NORTH
201
NAPLES, FL 34105

New Mailing Address:

3785 AIRPORT ROAD NORTH
C
NAPLES, FL 34105

FEI Number: 60-5953414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINBY, CLYDE
3765 AIRPORT ROAD NORTH
SUITE 201
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BLICKLE, JOHN
Address: 400 WEST MARKET STREET
City-St-Zip: AKRON, OH 44303

Title: D () Delete
Name: BARTON, WILLIAM
Address: 6054 PALM CIRCLE
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: JANOSEK, JAMES
Address: 2265 CLAQUE ROAD
City-St-Zip: WESTLAKE, OH 44245

Title: D () Delete
Name: KUKK, TOOMAS
Address: 4240 DERRWOOD DRIVE
City-St-Zip: AKRON, OH 44313

Title: D () Delete
Name: JOHNSON, VINCE
Address: 1222 DEARBORN DR
City-St-Zip: AKRON, OH 44313

Title: D () Delete
Name: QUINBY, CLYDE
Address: 3765 AIRPORT ROAD NORTH, SUITE 201
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLYDE QUINBY

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date