

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90024 039 ***150.00

DOCUMENT # P99000092319

1. Entity Name
FLORIDA GOLF REALTY INC.



Principal Place of Business
**4777 OVERBURY PLACE
SARASOTA, FL 34241**

Mailing Address
**4777 OVERBURY PLACE
SARASOTA, FL 34241**

24005912

2. Principal Place of Business
4509 BEE RIDGE ROAD

3. Mailing Address

Suite, Apt. #, etc.
SUITE E1

Suite, Apt. #, etc.

City & State
SARASOTA

City & State

Zip
34233

Country

Zip
34241-9227

Country

01172004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0967998

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BATISTA, MARY CONSTANCE
4777 OVERBURY PLACE
SARASOTA, FL 34241**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

34241-9227

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BATISTA, MARY CONSTANCE**
STREET ADDRESS **4777 OVERBURY PLACE**
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE **P,D** ☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **34241-9227**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY CONSTANCE BATISTA

1/17/2004

Date

Daytime Phone #

941-349-1300