

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101952

Entity Name: RSA GOLF, INC.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

475 WEST TOWN PLACE  
SUITE 200  
ST AUGUSTINE, FL 32092

## New Principal Place of Business:

301 ROYAL SAINT AUGUSTINE PARKWAY  
ST AUGUSTINE, FL 32084

## Current Mailing Address:

475 WEST TOWN PLACE  
SUITE 200  
ST AUGUSTINE, FL 32092

## New Mailing Address:

PO BOX 600615  
JACKSONVILLE, FL 32260

FEI Number: 59-3616258

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MURPHY, PATRICK  
475 W TOWN PL  
STE 200  
SAINT AUGUSTINE, FL 32092 US

## Name and Address of New Registered Agent:

MURPHY, PATRICK  
2120 SR 13 N  
SAINT JOHNS, FL 32259 US

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:

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LABAR, JAMES C  
Address: 475 W TOWN PL, STE 200  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D ( ) Delete  
Name: MURPHY, PATRICK  
Address: 475 W TOWN PL, STE 200  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D ( ) Delete  
Name: MURPHY, MICHAEL A  
Address: 475 W TOWN PL, STE 200  
City-St-Zip: SAINT AUGUSTINE, FL 32092

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LABAR, JAMES C  
Address: PO BOX 600615  
City-St-Zip: JACKSONVILLE, FL 32260

Title: D (X) Change ( ) Addition  
Name: MURPHY, PATRICK  
Address: PO BOX 600615  
City-St-Zip: JACKSONVILLE, FL 32260

Title: D (X) Change ( ) Addition  
Name: MURPHY, MICHAEL A  
Address: PO BOX 600615  
City-St-Zip: JACKSONVILLE, FL 32260

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: MICHAEL A MURPHY

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date