


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # S18727		
1. Entity Name GOLF AQUA RANGE OF PORT ST. LUCIE, INC.		
Principal Place of Business PORT ST. LUCIE RV RESORT 3703 JENNINGS RD PORT ST. LUCIE, FL 34952 US		Mailing Address PORT ST. LUCIE RV RESORT 3703 JENNINGS RD PORT ST. LUCIE, FL 34952 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KEELER, MICHAEL 10314 SW FICUS LN HOBE SOUND, FL 33455		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 <u>X</u> (NOTE: Registered Agent signature required when reinstating) 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KEELER, MICHAEL 10314 SE FICUS LN HOBE SOUND, FL 33455	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FERN, HOWARD 1040 E FIFTH ST STUART, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>3/1/06</u> Daytime Phone #



03072006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0239691** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

U00000486898
04/13/06-80055-017 150.00