2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S18727

1. Entity Name
GOLF AQUA RANGE OF PORT ST. LUCIE, INC.

Principal Place of Business	Mailing Address
PORT ST. LUCIE RV RESORT 3703 JENNINGS RD PORT ST. LUCIE, FL 34952 US	PORT ST. LUCIE RV RESORT 3703 JENNINGS RD PORT ST. LUCIE, FL 34952 US

01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-023691 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

000005570661
01/24/07-80021-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	KEELER, MICHAEL
STREET ADDRESS	10314 SE FICUS LN
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	V
NAME	FERN, HOWARD
STREET ADDRESS	1040 E FIFTH ST
CITY-ST-ZIP	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	

DO NOT WRITE 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 X _____ 1/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #