


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90001 036 ***550.00

DOCUMENT # S86470 1. Entity Name THE VILLAGE GOLF CLUB, INC.	
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Principal Place of Business 1717 EAST NINTH STREET 14TH FLOOR, EAST OHIO BLDG. CLEVELAND, OH 44114 US	Mailing Address 1717 EAST NINTH STREET 14TH FLOOR, EAST OHIO BLDG. CLEVELAND, OH 44114 US
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50066315



2. Principal Place of Business 122 COUNTRY CLUB DRIVE	3. Mailing Address 122 COUNTRY CLUB DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07072005 Chg-P CR2E034 (10/03)

City & State ROYAL PALM BEACH	City & State ROYAL PALM BEACH
Zip 33400	Country PB
Zip 33411	Country PB

4. FEI Number 65-0290214	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DURKIN, GEORGE J 8430 ABBINGTON CIRCLE BUILDING C., #36 NAPLES, FL 33963	
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7. Name and Address of New Registered Agent Name DANIEL C. PESANT Street Address (P.O. Box Number is Not Acceptable) 5606 BERMUDA DUNES CIRCLE City LAKE WORTH FL Zip Code 33463	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DURKIN, GEORGE J 23235 MASTICK RD N OLMSTED, OH 44070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DURKIN, EDWARD P 23261 MASTICK RD N OLMSTED, OH 44070 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + GEN'L MANAGER DANIEL C. PESANT 5606 BERMUDA DUNES CIRCLE LAKE WORTH, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: DANIEL C. PESANT 2/7/05 561-793-1402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #