≈ FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90052 005 ***150.00

DOCUMENT # V01040 1. Corporation Name

MEADOWBROOK GOLF INVESTMENT, INC.

											 	
Principal Place	of Business	Mailir	ng Address									
300 S. DUNCAN AVE. 300 S. DUNCAN AVE.												
CLEARWATER FL 33755			CLEARWATER FL 33755					B 0 110-		0.004.05		
U\$ U\$					_			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
								•	litea			
								/1991				
2. Principal Pla	ce of Business	2a. M	2a. Mailing Address				4. FEI Nu				Applied For	
21	-	26	26				59-30	97905			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Certifo	ate of Status Desire	ed 🗀	•	5 Additional	
22		27	27				J. Octaio	ato 01 Otalia Dosii		Fee	Required	
City & State		C	City & State				6. Electio	n Campaign Finan	cing 🖂	\$5.0	00 May Be	
23		28	28				Trust F	und Contribution	ليا	Adde	ed to Fees	
Zip	Country	Z	ip	Coun	ntry		8. This co	rporation owes the	current year l	ntangible		
24	25 29			30			Personal Property Tax.					
	9. Name and Address of Cu		red Agent	- I			10. Name	and Address of N	lew Registere	d Agent		
						81 Name Cornelius, Cheryl J.						
CORPORATION INFORMATION SERVICES, INC.						<u> </u>	rner	143 C	Jery L			
1201 HAYES STREET				l'	82	~/, , ,	ss (P.O. Box	Number is Not Ac	ceptable)	c		
	HASSEE FL 32301			- h	83	10 J B	· / / ·					
	- 					300 -	30415	Duncar	y AUC			
					84	City _ /		41-	F	85 Z	ip Code	
						<u> </u>	arn	6/1			53/33	
11. Pursuant to	o the provisions of Sections c07, gistered agent, or both, in the Si familiar with, and accept the ob	.0502 and 607. rate of Florida	.1508, Florida Statu Such change was	utes, the ab authorized	ove-i by th	named corpor ne.corporation	ration submi	is inis statement to directors. I hereby :	r the purpose of accept the app	ointment as	registered	
agent. I an	familiar with, and accept the ot	ligations of, S	ection 0505, FI	lorida Silayo	tes.	1.	7	•			-	
SIGNATURE	11 01	ann	(8)	-(<i>]]</i>	18	inela	$\dot{\rightarrow}$					
	signature, typed or printed name of registered	agent and title if ap	pplicable. (NOT		gent s	signature required v			DATE			
12.	OFFICERS	AND DIRECT	-				ADDITIO	ONS/CHANGES TO	OFFICERS A			
TITLE	DPT		☐ DELETE	1.1 TITU	Æ					Chang	ge	
NAME	BARRETT, ERIKA L.			1.2 NAM	ME							
STREET ADDRESS	300 S. DUNCAN AVE., #19	0		1.3 STR	REETA	JDDRESS						
	CLEARWATER FL			1.4 CIT	Y-ST-	ZIP						
TITLE			☐ DELETE	2.1 TITL						☐ Chanç	ge Addition	
NAME				2.2 NAA	ΜE							
ļ .						DORESS						
- STREET ADDRESS	· • • • •			· -I			·				= · - · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP			☐ DELETE	2. 4 CIT 3.1 TITI		ZIF				☐ Chang	ge Addition	
TITLE				ı					• •		, _	
NAME				3.2 NA								
STREET ADDRESS				3.3 STF	REETA	ODRESS						
CITY-ST-ZIP				3.4. CIT		ZIP					- Dadition	
TITLE			☐ DELETE	4.1 TITL	LE					Chang	ge	
NAME				4. 2 NA	ME							
STREET ADDRESS				4.3 STF	REETA	ODRESS						
CITY-ST-ZIP				4.4 CIT	Y-ST-	Z!P						
TITLE			☐ DELETE	5.1 TITL	LE					☐ Chan	ge 🗌 Addition	
NAME				5.2 NAM	ME							
STREET ADDRESS				5.3 STF	REET A	LDDRESS						
CITY-ST-ZIP				5.4 CIT	Y-ST-	ZIP						
TITLE			☐ DELETE	6.1 TITL	Æ					Chang	ge Addition	
!			<u> </u>	6.2 NA	ME					•		
NAME						ADDRESS						
STREET ADDRESS				0.0011								

14. 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 annual report or supplemental annual 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 the stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #