

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V22844

FILED  
Mar 14, 2007  
Secretary of State

Entity Name: AF GOLF PROPERTIES, INC.

## Current Principal Place of Business:

7250 SOUTHEAST FEDERAL HIGHWAY  
HOBE SOUND, FL 33455

## New Principal Place of Business:

8340 SE FAZIO DRIVE  
HOBE SOUND, FL 33455

## Current Mailing Address:

5655 SW EVANS DR  
STUART, FL 34997

## New Mailing Address:

8340 SE FAZIO DRIVE  
HOBE SOUND, FL 33455

FEI Number: 65-0322832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FARINA, ARMANDO  
7250 SOUTHEAST FEDERAL HIGHWAY  
HOBE SOUND, FL 33455 US

## Name and Address of New Registered Agent:

FARINA, ARMANDO  
8340 SE FAZIO DRIVE  
HOBE SOUND, FL 33455 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: ARMANDO FARINA

03/14/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FARINA, ARMANDO  
Address: 3551 SE SCAPOINT CT.  
City-St-Zip: STUART, FL 34997

Title: S ( ) Delete  
Name: PERRON, LINDA  
Address: 5655 SW EVANS DR.  
City-St-Zip: STUART, FL 34997

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FARINA, ARMANDO  
Address: 3551 SE SEAPPOINT CT.  
City-St-Zip: STUART, FL 34997

Title: S (X) Change ( ) Addition  
Name: PERRON, LINDA  
Address: 8340 SE FAZIO DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information supplied with this filing does not qualify for the 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: ARMANDO FARINA

P

03/14/2007

Electronic Signature of Signing Officer or Director

Date