

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V46941

FILED  
May 03, 2011  
Secretary of State

**Entity Name:** LONE PINE GOLF CLUB, INC.

**Current Principal Place of Business:**

6251 N. MILITARY TRAIL  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

6251 N. MILITARY TRAIL  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

**FEI Number:** 65-0347355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GERLACH, JOSEPH  
14851 BLACK BEAR RD  
PALM BEACH GARDENS, FL 33418 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GERLACH, JOSEPH  
Address: 14851 BLACK BEAR RD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP  
Name: GERLACH, RICHARD  
Address: 1706 NATURE CT  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ST  
Name: GERLACH, CHUCK  
Address: 5409 N AUSTRALIAN AVE  
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH GERLACH

PD

05/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date