

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708769

**Entity Name:** PORT CHARLOTTE GOLF CLUB, INC.

**Current Principal Place of Business:**

22400 GLENEAGLES TERRACE  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

22400 GLENEAGLES TERRACE  
PORT CHARLOTTE, FL 33952 US

**FEI Number: 59-1147044**

**Certificate of Status Desired: No**

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

HOLMES, DAVID A ESQ  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name TAYLOR, CHARLOTTE  
Address 22400 GLEN EAGLES TERRACE  
City-State-Zip: PORT CHARLOTTE FL 33952

Title TD  
Name DEAN, JAMES  
Address 22400 GLEN EAGLES TERRACE  
City-State-Zip: PORT CHARLOTTE FL 33952

Title VD  
Name LA BAFF, ROBERT  
Address 22400 GLEN EAGLES TERRACE  
City-State-Zip: PORT CHARLOTTE FL 33952

Title D  
Name SHEA, SHIRLEY  
Address 22400 GLENEAGLES TERRACE  
City-State-Zip: PORT CHARLOTTE FL 33952

Title SECRETARY  
Name ORR, STU  
Address 22400 GLENEAGLES TERRACE  
City-State-Zip: PORT CHARLOTTE FL 33952

Title D  
Name TAYLOR, TOM  
Address 22400 GLENEAGLES TERRACE  
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR  
Name FRANCIS, ROBERT  
Address 22400 GLENEAGLES TERRACE  
City-State-Zip: PORT CHARLOTTE FL 33952

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CHARLOTTE TAYLOR**

**PRESIDENT**

**01/22/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date