

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 650761

**Entity Name:** FOR THE LOVE OF GOLF, INC.**Current Principal Place of Business:**9765 N TAMIAMI TRL  
NAPLES, FL 34108**Current Mailing Address:**9765 N TAMIAMI TRAIL  
NAPLES, FL 34108 US**FEI Number: 59-2097161****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PODOLSKI, FLORINE  
9765 N TAMIAMI TRL  
NAPLES, FL 34108 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           | D                  |
| Name            | PODOLSKI, FLORINE  |
| Address         | 9765 N TAMIAMI TRL |
| City-State-Zip: | NAPLES FL 34108    |

|                 |                      |
|-----------------|----------------------|
| Title           | S                    |
| Name            | LOGAN, MICHAEL       |
| Address         | 134 CYPRESS WAY EAST |
| City-State-Zip: | NAPLES FL 34110      |

|                 |                                |
|-----------------|--------------------------------|
| Title           | P                              |
| Name            | BARR, CHRISTA                  |
| Address         | 9765 TAMIAMI TRAIL N<br>APT #2 |
| City-State-Zip: | NAPLES FL 34108                |

|                 |                   |
|-----------------|-------------------|
| Title           | VP                |
| Name            | LOGAN, LORI       |
| Address         | 633 POMPANO DRIVE |
| City-State-Zip: | NAPLES FL 34110   |

|                 |                        |
|-----------------|------------------------|
| Title           | D                      |
| Name            | PODOLSKI, MICHAEL      |
| Address         | 9765 TAMIAMI TRAIL, N. |
| City-State-Zip: | NAPLES FL 34108        |

|                 |                   |
|-----------------|-------------------|
| Title           | T                 |
| Name            | LOGAN, ROBERT     |
| Address         | 633 POMPANO DRIVE |
| City-State-Zip: | NAPLES FL 34110   |

|                 |                 |
|-----------------|-----------------|
| Title           | D               |
| Name            | PODOLSKI, ANA   |
| Address         | 860 98TH AVENUE |
| City-State-Zip: | NAPLES FL 34108 |

*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: CHRISTA BARR****P****02/24/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date