

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 29, 2004 08:00 AM  
Secretary of State

|                                                                    |                                                                                   |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # 714130<br>1. Entity Name<br>GOLF CLUB CONDOMINIUM, INC. |  |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                            |                                                                                |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business<br>201 7TH STREET<br>P.O. BOX 548<br>KEY COLONY BEACH FL 33051 | Mailing Address<br>201 7TH STREET<br>P.O. BOX 548<br>KEY COLONY BEACH FL 33051 |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

|                                                       |                                           |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State                                          | City & State                              |
| Zip Country                                           | Zip Country                               |



MOORE CR2E037 (11/03)

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>59-2655336                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|                                                                                                                              |                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br>MILKOVICH, MIKE<br>201 7TH STREET<br>UNIT #7<br>KEY COLONY BEACH FL 33051 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

8. 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. I am familiar with, and accept the obligations of registered agent.

|                                                                                            |                                                              |      |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------|------|
| SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------|------|

|                                                |                                                                                     |                             |                                                      |
|------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------|
| FILE NOW: FEE IS \$61.25<br>Due By May 1, 2004 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to<br>Florida Department of State |
|------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                               |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>BECKER, ALBERT E.<br>7TH. ST. 201 APT.8<br>KEY COLONY BCH, FL 00000 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>000000020086<br>01/29/04-80050-019 61.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MILKOVICH, MIKE<br>7TH ST 201 APT #7<br>KEY COLONY BEACH FL 33051 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>LACKHOVE, E D<br>201 7TH ST UNIT 2<br>KEY COLONY BEACH FL 33051 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

|                                                              |                                                                    |      |                 |
|--------------------------------------------------------------|--------------------------------------------------------------------|------|-----------------|
| SIGNATURE: <u>Albert E Becker Pres.</u> 1-26-04 305-289-0041 | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |
|--------------------------------------------------------------|--------------------------------------------------------------------|------|-----------------|