

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90024 003 ****61.25

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DOCUMENT # 717073					
1. Entity Name GOLF'S EDGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business GOLFEDGE - CENTURY VILLAGE BLDG. #2 WEST PALM BEACH FLA, 33417 US			Mailing Address PALM BEACH MAINT. & MGMT., INC. 2575 HOMEWOOD RD. WEST PALM BEACH, FL 33406 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1369347	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRUITTS PROPERTY MANAGEMENT 2575 HOMEWOOD RD. WEST PALM BEACH, FL 33406			Name <i>PRUITT PROPERTY MANAGEMENT</i>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<i>4845 GARDNER LN.</i>		
			City <i>LAKELAND</i>		Zip Code <i>33963</i>
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 <i>Donnell Pruitt</i> DONNELL PRUITT					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<i>VP PRES</i>	<input type="checkbox"/> Delete	TITLE	<i>VICE PRES.</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK, MARY		NAME	<i>Charles Scheater</i>	
STREET ADDRESS	7 GOLFS EDGE G		STREET ADDRESS	<i>23 Golfs Edge e</i>	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	<i>WPA, FL 33417</i>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, MILTON		NAME		
STREET ADDRESS	GOLFS EDGE 6A		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	<i>PP TREASURER</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, MYRON		NAME		
STREET ADDRESS	9 GOLFS EDGE C		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, PHILIP		NAME		
STREET ADDRESS	8 GOLFS EDGE B		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Mary E. Patrick</i> MARY E. PATRICK		Date: <i>3-25-08</i>		Daytime Phone #: <i>(561) 640-7171</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					