


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90081 022 \*\*\*\*61.25

**DOCUMENT # 728558**  
 1. Entity Name  
**GOLF INN TOWNHOUSE ASSOCIATION, INC.**



Principal Place of Business  
 9365 W SAMPLE ROAD  
 SUITE 203  
 CORAL SPRINGS, FL 33065 US

Mailing Address  
 P.O. BOX 8506  
 CORAL SPRINGS, FL 33075 US



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01182005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
**SAATHOFF, ANNE M.**  
**9365 W. SAMPLE ROAD #203**  
**CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent  
 Name: **CONDO MANAGEMENT ALTERNATIVE, INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9365 W. SAMPLE ROAD #203**  
 City: **CORAL SPRINGS** FL Zip Code: **33065**

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 *Ronald Saathoff* **RONALD SAATHOFF** DATE **2/27/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VALLIERE, JOAN P.O. BOX 8506 CORAL SPRINGS, FL 33075	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MUNSON, JUDY P.O. BOX 8506 CORAL SPRINGS, FL 33075	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENSON, BONNIE P.O. BOX 8506 CORAL SPRINGS, FL 33075	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HUNTER, APPIO P.O. BOX 8506 CORAL SPRINGS, FL 33075	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOZADA, MIGUELINA P.O. BOX 8506 CORAL SPRINGS, FL 33075	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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)(i), 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: *Joan Valliere* DATE **3/1/05** DAYTIME PHONE # **954-752-4796**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR