


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90078 026 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02012006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2032066	
				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	
CONDO MGMT-ALTERNATIVE, INC 9365 W SAMPLE RD 203 CORAL SPRINGS, FL 33065				Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2006		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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLIERE, JOAN			NAME	
STREET ADDRESS	P.O. BOX 8506			STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33075			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNSON, JUDY			NAME	
STREET ADDRESS	P.O. BOX 8506			STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33075			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, BONNIE			NAME	
STREET ADDRESS	P.O. BOX 8506			STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33075			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, APPIO			NAME	
STREET ADDRESS	PO BOX 8506			STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33075			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOZADA, MIGUELINA			NAME	D MOSES, DAVID
STREET ADDRESS	PO BOX 8506			STREET ADDRESS	PO BOX 8506
CITY-ST-ZIP	CORAL SPRINGS, FL 33075			CITY-ST-ZIP	CORAL SPRINGS, FL 33075
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>Joan Valliere</i>		Date: <i>March 8th 2006</i>		Daytime Phone #: <i>954-752-4796</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					