


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90285 025 ****61.25

DOCUMENT # 736540					
1. Entity Name THE 19TH HOLE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2400 EAGLE DRIVE MELBOURNE, FL 32935			Mailing Address 2400 EAGLE DRIVE MELBOURNE, FL 32935		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03022005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1704376				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		
STONE-TERRY G 2504 A BOGEY LANE MELBOURNE, FL 32935			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, 2005		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	S <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WERNER, JANE	NAME			
STREET ADDRESS	2500 EAGLE DR., #D	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32935	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOULTON, FRED	NAME			
STREET ADDRESS	2500-G EAGLE DR	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32935	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STONE, TERRY	NAME			
STREET ADDRESS	2504-A BOGEY LANE	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32935	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RUDD, RUBY	NAME	Marge Gierber		
STREET ADDRESS	2500-H EAGLE DR	STREET ADDRESS	2475-A Eagle Drive		
CITY-ST-ZIP	MELBOURNE, FL 32935	CITY-ST-ZIP	Melbourne, FL 32935		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STONE, REBECCA	NAME			
STREET ADDRESS	2503-E BOGEY LANE	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32935	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRIET, RODERICK	NAME			
STREET ADDRESS	2501-B SAND TRAP LANE	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32935	CITY-ST-ZIP			
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: <u>Terry G. Stone</u> TERRY G. STONE		Date: <u>03/03/05</u>		Daytime Phone #: <u>(321)255-3449</u>	