

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90246 042 ****61.25

DOCUMENT # 755038

1. Entity Name
ZELLWOOD STATION GOLF ASSOCIATION, INC.



Principal Place of Business
2502 TEAK COURT
ZELLWOOD, FL 32798 US

Mailing Address
2502 TEAK COURT
ZELLWOOD, FL 32798 US

00002603



2. Principal Place of Business
PRES. ZELLWOOD STATION
Suite, Apt. #, etc.
GOLF ASSOCIATION

3. Mailing Address
2502 TEAK COURT
Suite, Apt. #, etc.

01072006 Chg-NP CR2E037 (11/05)

City & State

City & State
Zellwood FL

4. FEI Number
59-2996465

Applied For
Not Applicable

Zip

Country

Zip

Country

32798-9638

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THUL WAYNE *GERARD WILBERDING*
3543 N. CITRUS CIRCLE
ZELLWOOD, FL 32798

7. Name and Address of New Registered Agent

Name *GERARD WILBERDING*
Street Address (P.O. Box Number is Not Acceptable)
2660 LAKE GRASSMERE CIRCLE
City *Zellwood* FL Zip Code *32798*

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 *x Gerard A. Wilberding* *01-12-06*
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, 2006

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	PD <input checked="" type="checkbox"/> Delete
NAME	<i>THUL WAYNE</i>
STREET ADDRESS	<i>3543 N. CITRUS CIRCLE</i>
CITY-ST-ZIP	<i>ZELLWOOD, FL 32798</i>
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	<i>LASSITER EDWARD</i>
STREET ADDRESS	<i>2702 ALKE GRASSMERE CIRCLE</i>
CITY-ST-ZIP	<i>ZELLWOOD, FL 32798</i>
TITLE	SD <input type="checkbox"/> Delete
NAME	<i>MCLELLAN, RICHARD A</i>
STREET ADDRESS	<i>3436 BUTTON BUSH DR.</i>
CITY-ST-ZIP	<i>ZELLWOOD, FL 32798</i>
TITLE	TD <input type="checkbox"/> Delete
NAME	<i>CARON, CONSTANCE L.</i>
STREET ADDRESS	<i>4138 GREENBLUFF COURT</i>
CITY-ST-ZIP	<i>ZELLWOOD, FL 32798</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>PRES.</i> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>GERARD WILBERDING</i>
STREET ADDRESS	<i>2660 LAKE GRASSMERE CIR.</i>
CITY-ST-ZIP	<i>Zellwood, FL 32798</i>
TITLE	<i>V. PRESIDENT</i> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>FRED WILSON</i>
STREET ADDRESS	<i>2509 AMYRIS CT.</i>
CITY-ST-ZIP	<i>Zellwood, FL 32798</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *x Gerard A. Wilberding*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-06 *407-884-5451*
Date Daytime Phone #