


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90087 049 \*\*\*\*61.25

<b>DOCUMENT # 755038</b> 1. Entity Name <b>ZELLWOOD STATION GOLF ASSOCIATION, INC.</b>			
Principal Place of Business <b>PRES. ZELLWOOD STATION GOLF ASSOCIATION ZELLWOOD, FL 32798 US</b>		Mailing Address <b>2502 TEAK COURT ZELLWOOD, FL 32798-9628 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <b>SAME</b>		Suite, Apt. #, etc. <b>SAME</b>	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>WILBERDING, GERARD W 2660 LAKE GRASSMERE CIR. ZELLWOOD, FL 32798</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>P</b> NAME <b>WILBERDING, GERARD</b> STREET ADDRESS <b>2660 LAKE GRASSMERE CIR.</b> CITY - ST - ZIP <b>ZELLWOOD, FL 32798</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>ABRAMAM WOOD</b> NAME <b>3645 DUFFER CT</b> STREET ADDRESS <b>Zellwood, FL 32795</b> CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>HOWIE, ROBERT</b> STREET ADDRESS <b>3629 PARWAY RD</b> CITY - ST - ZIP <b>ZELLWOOD, FL 32798</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VP THOMAS SHANE</b> NAME <b>3817 DIAMOND OAK WAY</b> STREET ADDRESS <b>Zellwood, FL 32795</b> CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b> NAME <b>MCLELLAN, RICHARD A</b> STREET ADDRESS <b>3436 BUTTON BUSH DR.</b> CITY - ST - ZIP <b>ZELLWOOD, FL 32798</b>	<input type="checkbox"/> Delete	TITLE <b>SAME</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b> NAME <b>CARON, CONSTANCE L.</b> STREET ADDRESS <b>4138 GREENBLUFF COURT</b> CITY - ST - ZIP <b>ZELLWOOD, FL 32798</b>	<input type="checkbox"/> Delete	TITLE <b>SAME</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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.			
<b>SIGNATURE:</b> <i>Richard A. Mclellan</i> <b>RICHARD A. MCLELLAN</b>		1-7-08 407-882-5539 Date Daytime Phone #	