

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

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 765187

GOLF PINES POOL ASSOCIATION, INC.



Principal Place of Business

1313 SW 16TH TERR
UNIT 102
CAPE CORAL, FL 33991

Mailing Address

1313 SW 16TH TERR
UNIT 102
CAPE CORAL, FL 33991



01072005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2381995

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REID, RUSSELL
1313 SW 16TH TERR
UNIT 102
CAPE CORAL, FL 33991

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REID, RUSSELL 1313 SW 16TH TERR CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISH, LAURA 1674 EDITH ESPLANADA CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SYLVIA, JUDY 1229 SW 21ST TERR CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAES, JOHN 1303 SW 16TH TERRACE # 201 CAPE CORAL, FL 339913268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALD FISH, VERN 1674 EDITH ESPLANADA CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000246412
02/28/05-80064-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Russell Reid*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05
Date

239 458-5144
Daytime Phone #