FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:47

DOCUMENT # N01538 (0)

1. Corporation Name

GOLF PATIO VILLAS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2720 GOLF HAMMOCK DR SEBRING FL 33872	2720 GOLF HAMMOCK DR SEBRING FL 33872

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1984
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2349718 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

21 Principal Place of Business	22 Suite, Apt. #, etc.	23 City & State	24 Zip	25 Country

26 Mailing Address	27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country

9. Name and Address of Current Registered Agent

SWAINE, J. MICHAEL
2720 GOLF HAMMOCK DR
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BROWN, JAMES L.	1.2 NAME	GEIGER, WALTER	
STREET ADDRESS	2618 GOLF HAMMOCK DRIVE	1.3 STREET ADDRESS	2508 GOLF HAMMOCK DR	
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	SEBRING FL 33872	
TITLE	TD	2.1 TITLE	T/S/D	☒ Change ☐ Addition
NAME	STONE, PEGGY	2.2 NAME	RADER, MILDRED	
STREET ADDRESS	2720 GOLF HAMMOCK DR.	2.3 STREET ADDRESS	4010 PAR RD	
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	SEBRING FL 33872	
TITLE	SD	3.1 TITLE	T/S/D	☒ Change ☐ Addition
NAME	KOCH, BARBARA	3.2 NAME	RADER, MILDRED	
STREET ADDRESS	2720 GOLF HAMMOCK DR	3.3 STREET ADDRESS	4010 PAR RD	
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, RICHARD	4.2 NAME		
STREET ADDRESS	2720 GOLF HAMMOCK DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	GEIGER, WALTER	5.2 NAME	FISHER, VERL	
STREET ADDRESS	2720 GOLF HAMMOCK DR	5.3 STREET ADDRESS	2720 GOLF HAMMOCK DR	
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP	SEBRING FL 33872	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	Dan Geiger	
STREET ADDRESS		6.3 STREET ADDRESS	2618 Golf Hammock Dr	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Sebring FL 33872	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption pursuant to s. 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter O. Geiger PRESIDENT March 27, 1995 941-385-5672
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0068388