

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01538** (0)

1. Corporation Name

**GOLF PATIO VILLAS ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
<b>2720 GOLF HAMMOCK DR SEBRING FL 33872</b>	<b>2720 GOLF HAMMOCK DR SEBRING FL 33872</b>

3. Date Incorporated or Qualified	Applied For
<b>02/20/1984</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number	Not Applicable
<b>59-2349718</b>	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
<b>OBERHAUSEN, CLAY 120 S COMMERCE AVENUE SEBRING FL 33870</b>	<b>SWAINE, J. MICHAEL 2720 GOLF HAMMOCK DR SEBRING, FL 33872</b>

10. Name and Address of New Registered Agent	
81 Name	<b>J. Michael Swaine</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>425 SOUTH COMMERCE DR</b>
83 City	<b>Sebring</b>
84 State	<b>FL</b>
85 Zip Code	<b>33870</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/7/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GEIGER, WALTER</b>
STREET ADDRESS	<b>2506 GOLF HAMMOCK DR</b>
CITY-ST-ZIP	<b>SEBRING FL</b>
TITLE	<b>TSD</b> <input type="checkbox"/> DELETE
NAME	<b>RADER MILDRED</b>
STREET ADDRESS	<b>4040 PAR RD</b>
CITY-ST-ZIP	<b>SEBRING FL</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>OBERHAUSEN, CLAY</b>
STREET ADDRESS	<b>2718 GOLF HAMMOCK DR</b>
CITY-ST-ZIP	<b>SEBRING FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WELCH, JACK</b>
STREET ADDRESS	<b>4006 PAR ROAD</b>
CITY-ST-ZIP	<b>SEBRING FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KEITH HOUSE</b>
1.3 STREET ADDRESS	<b>3710 GOLF HAMMOCK DR</b>
1.4 CITY-ST-ZIP	<b>SEBRING FL 33872</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>CLAIRE ULRICH</b>
3.3 STREET ADDRESS	<b>2708 GOLF HAMMOCK DR</b>
3.4 CITY-ST-ZIP	<b>SEBRING FL 33872</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>BARBARA KOCH</b>
4.3 STREET ADDRESS	<b>2608 GOLF HAMMOCK DR</b>
4.4 CITY-ST-ZIP	<b>SEBRING FL 33872</b>
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>VERL FISHER</b>
5.3 STREET ADDRESS	<b>2502 GOLF HAMMOCK DR</b>
5.4 CITY-ST-ZIP	<b>SEBRING FL 33872</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *[Signature]* **3-18-98 941-382-6201**

CR2E037 (10/97)