

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08038

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: 5TH HOLE CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

3572 MUIRFIELD DR  
TITUSVILLE, FL 32780 US

**New Principal Place of Business:**

**Current Mailing Address:**

1061 CHENEY HWY  
TITUSVILLE, FL 327806336 US

**New Mailing Address:**

FEI Number: 59-2529433

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, CONRAD M JR.  
1061 CHENEY HIGHWAY  
TITUSVILLE, FL 32780 US

**Name and Address of New Registered Agent:**

DISALVO, PETER A  
1061 CHENEY HIGHWAY  
TITUSVILLE, FL 32780 US

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.

SIGNATURE: PETER A. DISALVO

03/12/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ABERCROMBIE, MARGARET  
Address: 3513 NELSON PLACE  
City-St-Zip: TITUSVILLE, FL 32780

Title: VD ( ) Delete  
Name: HOLTkamp, ILIANA M  
Address: 3560 MUIRFIELD DR  
City-St-Zip: TITUSVILLE, FL 32780

Title: SD ( ) Delete  
Name: PARHAM, TERESA J  
Address: 3572 MUIRFIELD DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET ABERCROMBIE

PD

03/12/2009

Electronic Signature of Signing Officer or Director

Date