2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State
03-06-2007 90005 024 ****61.25

DOCUMENT # N94000002022

1. Entity Name
GOLF VILLAGE OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
GOLF VILLAGE CONDO ASSN. P O BOX 297 AVON PARK, FL 33825-0297	GOLF VILLAGE CONDO ASSN. P O BOX 297 AVON PARK, FL 33825-0297

02042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 58-1437875 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VOSS, WILLARD
3503 EDGEWATER DR
SEBRING, FL 33872

7. Name and Address of New Registered Agent

Name: K Locko, Roseann
Street Address (P.O. Box Number is Not Acceptable): 3310 SUNRISE DR.
City: Sebring FL Zip Code: 33872

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: Roseann P. Klocko DATE: 2/9/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WEILAND, PAUL 5560 MANTANZAS DR. SEBRING, FL 33872	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VOSS, WILLARD 3503 EDGEWATER DR SEBRING, FL 33872	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Quigley, Paul 5572 MATANZAS DR. Sebring, Fl. 33872	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKER, FRED 5524 MATANZAS DR. SEBRING, FL 33872	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Voss, Willard 3503 Edgewater DR. Sebring, Fl. 33872	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LOWE, PATRICIA 5514 MATANZAS DR SEBRING, FL 33872	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST. Walker, BEN 5532 MATANZAS DR. Sebring, Fl. 33872	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOUWMEISTER, YOKE 3507 EDGEWATER DR SEBRING, FL 33872	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. P. Bouwmeisten, Yoke 3507 Edgewater DR Sebring, Fl. 33872	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARMALY, Anthony 5534 Matanzas DR. Sebring, Fl. 33872	☑ Change ☐ 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.

SIGNATURE: _____ Feb 15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #