

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728558

FILED
Mar 16, 2009
Secretary of State

Entity Name: GOLF INN TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

9365 W SAMPLE ROAD
SUITE 203
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

P.O. BOX 8506
CORAL SPRINGS, FL 33075 US

New Principal Place of Business:

9365 W SAMPLE RD
#203
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 59-2032066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDO MGMT ALTERNATIVE, INC
9365 W SAMPLE RD
203
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

CONDO MGMT ALTERNATIVE, INC
9365 W SAMPLE RD
#203
CORAL SPRINGS, FL 33065 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:

Electronic Signature of Registered Agent

03/16/2009

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VALLIERE, JOAN
Address: P.O. BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

Title: VD () Delete
Name: MUNSON, JUDY
Address: P.O. BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

Title: TD (X) Delete
Name: SINGH, DIANA
Address: P.O. BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

Title: SD (X) Delete
Name: HUNTER, APPIO
Address: PO BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

Title: D (X) Delete
Name: LAURENT, PATRICK
Address: PO BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: VALLIERE, JOAN
Address: P.O. BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

Title: VSD (X) Change () Addition
Name: MUNSON, JUDY
Address: P.O. BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

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: JOAN VALLIERE

Electronic Signature of Signing Officer or Director

PTD

03/16/2009

Date