

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752393

FILED
Sep 04, 2009
Secretary of State

Entity Name: GOLFWOOD OF THE CALIFORNIA CLUB HOMEOWNERS ASSOCIATION III, INC.

Current Principal Place of Business:

UNIFIED PROPERTY SERVICES, INC
1303 NORTH STATE ROAD 7 B-1
MARGATE, FL 33063 US

New Principal Place of Business:

C/O ALBA DUCCI
20612 NE 6TH COURT
MIAMI, FL 33179 US

Current Mailing Address:

UNIFIED PROPERTY SERVICES, INC
P.O. BOX 8290
CORAL SPRINGS, FL 33075 US

New Mailing Address:

PO BOX 694585
MIAMI, FL 33269 US

FEI Number: 59-2066090 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARTIELLO, SAMUEL J JR
1303 NORTH STATE ROAD 7
SUITE B-1
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

BAKALAR, MICHAEL
150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324 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: MICHAEL BAKALAR

09/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: ALBA, DUCCI
Address: 20612 NE 6TH CT
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: VPD () Delete
Name: GREEN, CHRISTINE
Address: 20610 NE 6TH CT
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: SD () Delete
Name: MENDEZ, CHRISELIDE
Address: 20592 NE 6TH CT
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: PD () Delete
Name: NOVAK, ROBERT
Address: 20584 NE 6TH CT
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: DUCCI, ALBA
Address: 20612 NE 6TH CT
City-St-Zip: N. MIAMI BEACH, FL 33179

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: ALBA DUCCI

TD

09/04/2009

Electronic Signature of Signing Officer or Director

Date