

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01538

Entity Name: GOLF PATIO VILLAS ASSOCIATION, INC.**Current Principal Place of Business:**2720 GOLF HAMMOCK DR
SEBRING, FL 33872**Current Mailing Address:**2720 GOLF HAMMOCK DR
SEBRING, FL 33872**FEI Number:** 59-2349718**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SWAIN, J MICHAEL
425 S COMMERCE AVE
SEBRING, FL 33820 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_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name GRANT, PEGGY
Address 2608 GOLF HAMMOCK DR
City-State-Zip: SEBRING FL 33872

Title TREASURER SECRETARY DIRECTOR
Name WHITE, LYNNE
Address 2402 GOLF HAMMOCK DR.
City-State-Zip: SEBRING FL 33872

Title VP, DIRECTOR
Name FREESMEIER, ROBERT
Address 2400 GOLF HAMMOCK DR
City-State-Zip: SEBRING FL 33872

Title DIRECTOR
Name LANG, JUDY
Address 2700 GOLF HAMMOCK DRIVE
City-State-Zip: SEBRING FL 33872

Title PRESIDENT, DIRECTOR
Name MOSS, RICK
Address 2718 GOLF HAMMOCK DR
City-State-Zip: SEBRING FL 33872

I hereby 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 all other like empowered.

SIGNATURE: LYNNE WHITE**TREASURER-SECRETARY 03/01/2016
DIRECTOR**_____
Electronic Signature of Signing Officer/Director Detail_____
Date