

**2023 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	TREASURER SECRETARY DIRECTOR
Name	MALLOY, MICHAEL
Address	2610 GOLF HAMMOCK DR.
City-State-Zip:	SEBRING FL 33872

Title	PRESIDENT
Name	CREWS, DAVID
Address	2720 GOLF HAMMOCK DR
City-State-Zip:	SEBRING FL 33872

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

Title	DIRECTOR
Name	SCHON, TOM
Address	2402 GOLF HAMMOCK DRIVE
City-State-Zip:	SEBRING FL 33872

Title	DIRECTOR
Name	SCHOIA, NORM
Address	2500 GOLF HAMMOCK DRIVE
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: MICHAEL MALLOY****SECRETARY/TREASURER 01/25/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date