

**2015 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	COLE, PEGGY
Address	2710 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, DIRECTOR****02/06/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date