

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 709739

1. Entity Name

GOLFERS VILLAGE CIVIC ASSOCIATION, INC.



Principal Place of Business

3902 BURNS ROAD
PALM BEACH GARDENS, FL 33410

Mailing Address

3902 BURNS ROAD
PALM BEACH GARDENS, FL 33410



04072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FINE, SEYMOUR A
3902 BURNS RD
PALM BCH GRDNS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000113642
04/15/04 88017 015 61.25

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	FINE, HARRIET F
STREET ADDRESS	3902 BURNES RD
CITY - ST - ZIP	PALM BEACH GARDENS, FL
TITLE	PD
NAME	FINE, SEYMOUR A
STREET ADDRESS	3902 BURNS RD
CITY - ST - ZIP	PALM BEACH GARDENS, FL
TITLE	D
NAME	KANAREK, DEANNA
STREET ADDRESS	3902 BURNS ROAD
CITY - ST - ZIP	PALM BEACH GARDENS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Seymour A. Fine

4/13/04

561-622-1600

Date

Daytime Phone #