

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2005 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**



01212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000208194
02/01/05-80070-016 61.25

10. OFFICERS AND DIRECTORS

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05

Date

561-622-1600

Daytime Phone #