

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709739

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** GOLFERS VILLAGE CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

3902 BURNS ROAD  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

3902 BURNS ROAD  
SUITE #18  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

3902 BURNS ROAD  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

3902 BURNS ROAD  
SUITE #18  
PALM BEACH GARDENS, FL 33410

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

FINE, SEYMOUR A  
3902 BURNS ROAD  
SUITE #18  
PALM BCH GRDNS, FL 33410 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:

04/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: FINE, HARRIET F  
Address: 3902 BURNES RD  
City-St-Zip: PALM BEACH GARDENS, FL

Title: PD ( ) Delete  
Name: FINE, SEYMOUR A  
Address: 3902 BURNS RD  
City-St-Zip: PALM BEACH GARDENS, FL

Title: D ( ) Delete  
Name: FINE, KAREN  
Address: 1460 SW 159TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: FINE, HARRIET F  
Address: 3902 BURNS ROAD S#18  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: PD (X) Change ( ) Addition  
Name: FINE, SEYMOUR A  
Address: 3902 BURNS ROAD S#18  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAREN J. FINE

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date