2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 718750

Entity Name: GOLFWOOD CONDOMINIUM NO. 1, INC.

Current Principal Place of Business:

530 CONSTRUCTION LN.
LEHIGH ACRES, FL 33936 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1058
LEHIGH ACRES, FL 33936 US

New Mailing Address:

FEI Number: 59-1313297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOCKMAN DEBOEST, KNUDSEN
1415 HENDRY STREET
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: KREIDER, EVALYNE
Address: 225 N AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: TD ( ) Delete
Name: KAMINSKI, BERNARD
Address: 201 OAKLAWN CT
City-St-Zip: LEHIGH ACRES, FL 33972

Title: PD ( ) Delete
Name: KREIDER, DAN
Address: 225 NORTH AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: SD (X) Delete
Name: ERICKSON, PATRICIA
Address: 237 THISTLE CT
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D (X) Delete
Name: RINEHART, BERNIE
Address: 255 BRIAR CT
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: BRUNEEL, BARBARA
Address: P.O. BOX 1058
City-St-Zip: LEHIGH ACRES, FL 33970

Title: TSD (X) Change ( ) Addition
Name: KREIDER, DAN
Address: P.O. BOX 1058
City-St-Zip: LEHIGH ACRES, FL 33970

Title: PD (X) Change ( ) Addition
Name: RINEHART, BERNARD
Address: P.O. BOX 1058
City-St-Zip: LEHIGH ACRES, FL 33970

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

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: BERNARD RINEHART PD 01/15/2009

Electronic Signature of Signing Officer or Director — Date