

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728558

1. Entity Name

GOLF INN TOWNHOUSE ASSOCIATION, INC.

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90468 036 ****61.25

Principal Place of Business

9101-9159 NW 38 DR
CORAL SPRINGS FL 33065
US

Mailing Address

9365 W SAMPLE RD
SUITE 203
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2032066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAATHOFF, ANNE M.
9365 W. SAMPLE ROAD #203
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VALLIERE, JOAN	
STREET ADDRESS	9101 NW 38TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANDERS, ROXANNE	
STREET ADDRESS	9127 NW 38TH DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MUNSON, JUDY	
STREET ADDRESS	9103 NW 38 DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOZADA, MIGUELINA	
STREET ADDRESS	9135 NW 38 DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLIERE JOAN	
STREET ADDRESS	9365 W. SAMPLE ROAD	
CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, ROXANNE	
STREET ADDRESS	9365 W. SAMPLE ROAD	
CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNSON, JUDY	
STREET ADDRESS	9365 W. SAMPLE ROAD	
CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOZADA, MIGUELINA	
STREET ADDRESS	9365 W. SAMPLE ROAD	
CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

JOAN VALLIERE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/01

954-752-4796

CR2E037 (10/00)