

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728558

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: GOLF INN TOWNHOUSE ASSOCIATION, INC.

## Current Principal Place of Business:

9365 W SAMPLE ROAD  
SUITE 203  
CORAL SPRINGS, FL 33065 US

## Current Mailing Address:

P.O. BOX 8506  
CORAL SPRINGS, FL 33075 US

## New Principal Place of Business:

9365 W SAMPLE RD  
#203  
CORAL SPRINGS, FL 33065 US

## New Mailing Address:

FEI Number: 59-2032066      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONDO MGMT ALTERNATIVE, INC  
9365 W SAMPLE RD  
203  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

CONDO MGMT ALTERNATIVE, INC  
9365 W SAMPLE RD  
#203  
CORAL SPRINGS, FL 33065 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: \_\_\_\_\_

03/16/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VALLIERE, JOAN  
Address: P.O. BOX 8506  
City-St-Zip: CORAL SPRINGS, FL 33075

Title: VD ( ) Delete  
Name: MUNSON, JUDY  
Address: P.O. BOX 8506  
City-St-Zip: CORAL SPRINGS, FL 33075

Title: TD (X) Delete  
Name: SINGH, DIANA  
Address: P.O. BOX 8506  
City-St-Zip: CORAL SPRINGS, FL 33075

Title: SD (X) Delete  
Name: HUNTER, APPIO  
Address: PO BOX 8506  
City-St-Zip: CORAL SPRINGS, FL 33075

Title: D (X) Delete  
Name: LAURENT, PATRICK  
Address: PO BOX 8506  
City-St-Zip: CORAL SPRINGS, FL 33075

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: VALLIERE, JOAN  
Address: P.O. BOX 8506  
City-St-Zip: CORAL SPRINGS, FL 33075

Title: VSD (X) Change ( ) Addition  
Name: MUNSON, JUDY  
Address: P.O. BOX 8506  
City-St-Zip: CORAL SPRINGS, FL 33075

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

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: JOAN VALLIERE

PTD

03/16/2009

Electronic Signature of Signing Officer or Director

Date