

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90026 037 \*\*\*\*61.25

**DOCUMENT # 741111**

1. Entity Name

**GOLF ESTATES ASSOCIATION, INC.**



Principal Place of Business  
**2304 DEER CR CC BLVD  
DEERFIELD BCH FL 33442**

Mailing Address  
**565 DEER CREEK RUN  
DEERFIELD BCH FL 33442  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number  
**59-2049903**

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

**BACKES, NANCY  
JIM VANN  
2186 DEER CREEK WAY  
DEERFIELD BEACH FL 33442**

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. 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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to:  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	<del>PITTS, LOUIS</del>	
STREET ADDRESS	<del>2306 DEER CREEK TRAIL</del>	
CITY-ST-ZIP	<del>DEERFIELD BCH FL 33442</del>	
TITLE	T	<input type="checkbox"/> Delete
NAME	JAMES VANN	
STREET ADDRESS	2186 DEER CREEK WAY	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	COSTANZA, FRANCES	
STREET ADDRESS	334 DEER CREEK RUN	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BACKES, NANCY	
STREET ADDRESS	565 DEER CREEK RUN	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>BROWER, FRANS</del>	
STREET ADDRESS	<del>2250 COUNTRY CLUB BLVD</del>	
CITY-ST-ZIP	<del>DEERFIELD BEACH FL 33442</del>	
TITLE	X V.P.	<input type="checkbox"/> Delete
NAME	KRAUS, JAMES	
STREET ADDRESS	516 DEER CREEK RUN	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARET KNOWLES
STREET ADDRESS	2286 C.C BLVD
CITY-ST-ZIP	DEERFIELD BCH, FL 33442
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	
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:** *Nancy L. Backes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/13/05*

Date

Daytime Phone #