2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# 741814

Entity Name: GOLF VILLAS, INCORPORATED

Current Principal Place of Business:

2400 S. OCEAN DR
FT PIERCE, FL 349495018

New Principal Place of Business:

Current Mailing Address:

C/O ELLIOTT MERRILL COMM. MGMT.
825 20TH PLACE
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 59-1874040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL ROSENBAUM
250 AUSTRALIAN AVENUE SOUTH
SUITE 500
WEST PALM BEACH, FL 33401 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: DS ( ) Delete
Name: NELSON, MARION
Address: 2400 S. OCEAN DR. #5533
City-St-Zip: FORT PIERCE, FL 34949

Title: DP ( ) Delete
Name: BALCHER, ANNE
Address: 2400 SOUTH OCEAN DR #5215
City-St-Zip: FORT PIERCE, FL 34949

Title: DV ( ) Delete
Name: HANNER, SHARON
Address: 3400 SOUTH OCEAN DR. #5415
City-St-Zip: FORT PIERCE, FL 34949

Title: DT ( ) Delete
Name: BARON, JEFF
Address: 2400 S. OCEAN DR. #5515
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete
Name: MCANENEY, THOMAS
Address: 2400 SOUTH OCEAN DR #5613
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DV (X) Change ( ) Addition
Name: HANNER, SHARON
Address: 2400 SOUTH OCEAN DR. #5415
City-St-Zip: FORT PIERCE, FL 34949

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

Title: D (X) Change ( ) Addition
Name: MCANENEY, THOM
Address: 2400 SOUTH OCEAN DR #5316
City-St-Zip: FORT PIERCE, FL 34949

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: ANNE BALCHER DP 03/06/2009

Electronic Signature of Signing Officer or Director — Date