

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90076 024 \*\*\*\*61.25

**DOCUMENT # 747860**

1. Entity Name  
**GOLF RESORT VILLAS MANAGEMENT, INC.**



**40089527**

Principal Place of Business  
**4044 GOLFSIDE DR.  
ORLANDO, FL 32808 US**

Mailing Address  
**4044 GOLFSIDE DR.  
ORLANDO, FL 32808 US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

05012006 Chg-NP CR2E037 (4/06)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**39-0993859**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LEVY, SANDRA J  
4044 GOLFSIDE DR.  
ORLANDO, FL 32808**

**7. Name and Address of New Registered Agent**

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

**Filing Fee is \$61.25  
Due by September 6, 2006**

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**

TITLE **TD** ☐ Delete  
NAME **LEVY, SANDRA**  
STREET ADDRESS **4044 GOLFSIDE DR.**  
CITY-ST-ZIP **ORLANDO, FL 32808**

TITLE **PD** ☐ Delete  
NAME **NAMEY, TOM**  
STREET ADDRESS **4044 GOLFSIDE DR.**  
CITY-ST-ZIP **ORLANDO, FL 32808**

TITLE **SD** ☐ Delete  
NAME **APPLEMAN, CHARLES**  
STREET ADDRESS **4044 GOLFSIDE DR.**  
CITY-ST-ZIP **ORLANDO, FL 32808**

TITLE **D** ☐ Delete  
NAME **MILES, NICOLA**  
STREET ADDRESS **4044 GOLFSIDE DR.**  
CITY-ST-ZIP **ORLANDO, FL 32808**

TITLE **D** ☐ Delete  
NAME **LINE BERRY, MIRIAM**  
STREET ADDRESS **4044 GOLFSIDE DR.**  
CITY-ST-ZIP **ORLANDO, FL 32808**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D MAUREEN MISURACA** ☐ Change ☐ Addition  
**4044 GOLFSIDE DR**  
**ORLANDO FL 32808**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD MIRIAM LINEBERRY** ☐ Change ☐ Addition  
**4044 GOLFSIDE DR**  
**ORLANDO FL 32808**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Sandra Levy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/06** **407-303-1130**  
Date Daytime Phone #