

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90010 016 ****61.25

DOCUMENT # 747860
 1. Entity Name
 GOLF RESORT VILLAS MANAGEMENT, INC.



40113400

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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

05302007 Chg-NP CR2E037 (12/06)

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 14, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	TD LEVY, SANDRA 4044 GOLFSIDE DR. ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MISUARA, MAUREEN 4044 GOLFSIDE DR. ORLANDO, FL 32808 <input type="checkbox"/> Delete	D CHARLOTTE MARLER 4007 GOLFSIDE DR ORLANDO FL 32808 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD APPLEMAN, CHARLES 4044 GOLFSIDE DR. ORLANDO, FL 32808 <input type="checkbox"/> Delete	SD KRISTI DAVIELS 4035 GOLFSIDE DR ORLANDO FL 32808 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, NICOLA 4044 GOLFSIDE DR. ORLANDO, FL 32808 <input type="checkbox"/> Delete	D NOEL BRIDGET 4046 GOLFSIDE DR ORLANDO FL 32808 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINEBERG, MIRIAM 4044 GOLFSIDE DR. ORLANDO, FL 32808 <input type="checkbox"/> Delete	P JOHN SUSSI 4001 GOLFSIDE DR ORLANDO FL 32808 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Sandra J Levy 5-30-07 407-303-1130
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #