


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 747860</b> 1. Entity Name GOLF RESORT VILLAS MANAGEMENT, INC.	
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40113400



Principal Place of Business 4044 GOLFSIDE DR. ORLANDO, FL 32808 US	Mailing Address 4044 GOLFSIDE DR. ORLANDO, FL 32808 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05302007 Chg-NP CR2E037 (12/06)

4. FEI Number 39-0993859	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLOTTE MARLER <input type="checkbox"/> Change <input type="checkbox"/> Addition 4007 GOLFSIDE DR ORLANDO FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD APPLEMAN, CHARLES 4044 GOLFSIDE DR. ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRISTI DAVIELS <input type="checkbox"/> Change <input type="checkbox"/> Addition 4035 GOLFSIDE DR ORLANDO FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, NICOLA 4044 GOLFSIDE DR. ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOEL BRIDGET <input type="checkbox"/> Change <input type="checkbox"/> Addition 4046 GOLFSIDE DR ORLANDO FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINEBERG, MIRIAM 4044 GOLFSIDE DR. ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN SUSSI <input type="checkbox"/> Change <input type="checkbox"/> Addition 4001 GOLFSIDE DR ORLANDO FL 32808
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 5-30-07 407-303-1130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #