

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

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90104 022 \*\*\*\*61.25

**DOCUMENT # 752204**

1. Entity Name

GOLF PINE VILLAS ASSOCIATION, INC.



Principal Place of Business

FAIRWAY DR  
LAKE PLACID FL 33852  
US

Mailing Address

P.O. BOX 2578  
LAKE PLACID FL 33862  
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  
**59-2122438**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KAMP, ROBERT  
147 FAIRWAY DRIVE  
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name: **TONY MAROTTA**  
Street Address (P.O. Box Number is Not Acceptable)  
**145 FAIRWAY DRIVE**  
City: **LAKE PLACID** FL Zip Code: **33852**

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: **TONY MAROTTA**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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

TITLE	ST	<input type="checkbox"/> Delete
NAME	BOND, JR, LEWIS F	
STREET ADDRESS	123 FAIRWAY DR	
CITY - ST - ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAMMAGE, JOHN	
STREET ADDRESS	153 FAIRWAY DRIVE	
CITY - ST - ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAROTTA, TONY	
STREET ADDRESS	145 FAIRWAY DR	
CITY - ST - ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAESEL, ROBERT	
STREET ADDRESS	151 FAIRWAY DR	
CITY - ST - ZIP	LAKE PLACID FL 33852	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KOMP, ROBERT	
STREET ADDRESS	147 FAIRWAY DR	
CITY - ST - ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL PAPPAS	
STREET ADDRESS	139 FAIRWAY DRIVE	
CITY - ST - ZIP	LAKE PLACID, FLORIDA 33852	
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: **LEWIS F. BOND, JR.** **Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCH 31, 2005**

Date

Daytime Phone #

**863-465-1811**