

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90025 044 ****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**



01262007 No Chg-NP

CR2E037 (4/06)

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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

~~MAROTTA, TONY~~ **ROBERT FAESEL**
~~145 FAIRWAY DRIVE~~ **151 FAIRWAY DRIVE**
~~LAKE PLACID, FL 33852~~

**DO NOT WRITE
IN THIS SPACE**

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 **ROBERT FAESEL PRESIDENT**

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

(NOTE: Registered Agent signature required when reappointing)

3-8-07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOND, JR, LEWIS F 123 FAIRWAY DR LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMMAGE, JOHN 153 FAIRWAY DRIVE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAROTTA, TONY DELETE 145 FAIRWAY DR LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESIDENT FAESEL, ROBERT 151 FAIRWAY DR LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPPAS, CARL 139 FAIRWAY DR LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN KOLTZ 131 FAIRWAY DRIVE LAKE PLACID, FLORIDA 33852

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IN THIS SPACE**

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: **LEWIS F. BOND, JR TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lewis F. Bond, Jr. 3-8-07

Date

Daytime Phone #