

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752204

FILED
Apr 06, 2009
Secretary of State

Entity Name: GOLF PINE VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

FAIRWAY DR
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2578
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: 59-2122438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLTZ, JOHN
131 FAIRWAY DR.
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

HOLTZ, JOHN PRES.
131 FAIRWAY DR.
LAKE PLACID, FL 33852 US

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.

SIGNATURE: DEBORAH L. RIESELMAN

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: RIESELMAN, DEBORAH L
Address: 125 FAIRWAY DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: HUUENDICK, CAROLYN
Address: 127 FAIRWAY DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: POLLEY, THEO
Address: 129 FAIRWAY DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HUVENDICK, CAROLYN
Address: 127 FAIRWAY DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: FAESSEL, BOB
Address: 151 FAIRWAY DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Change (X) Addition
Name: MAROTTA, TONY
Address: 145 FAIRWAY DR.
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH L. RIESELMAN

ST

04/06/2009

Electronic Signature of Signing Officer or Director

Date