FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:07

DOCUMENT # 755383 (7)

1. Corporation Name

GOLF LAKE VILLAS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 650915 VERO BEACH FL 32965-0915	P.O. BOX 650915 VERO BEACH FL 32965-0915

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1980
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2433944 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CORNETT, JANE L.
WACKEEN, CORNETT & GOOGE, P.A.
401 EAST OSCEOLA STREET
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	NOVAK, EDWARD	1.2 NAME	JOHN MENDILLO	
STREET ADDRESS	5201 DEER RUN DRIVE	1.3 STREET ADDRESS	5783 DEER RUN DRIVE	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	FT. PIERCE, FL. 34951	
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	SEVOS, WALLY	2.2 NAME		
STREET ADDRESS	5769 DEER RUN DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	BOERSMA, VIVIAN	3.2 NAME	RICHARD UPDEGROVE	
STREET ADDRESS	5709 DEER RUN DRIVE	3.3 STREET ADDRESS	5701 DEER RUN DRIVE	
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	FT. PIERCE, FL. 34951	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	HETHERMAN, LOIS	4.2 NAME		
STREET ADDRESS	5729 DEER RUN DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HUMBERTSON, HERMAN	5.2 NAME	PHYLLIS BOWEN	
STREET ADDRESS	5723 DEER RUN DRIVE	5.3 STREET ADDRESS	5777 DEER RUN DRIVE	
CITY-ST-ZIP	FT PIERCE FL	5.4 CITY-ST-ZIP	FT. PIERCE, FL. 34951	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wally Sevos, OR. W.S. 3-17-95 407-461-8050
SIGNATURE AND NAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WALLY - SEVOS

0036957