

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90165 007 ****61.25

DOCUMENT # 755383 1. Entity Name GOLF LAKE VILLAS ASSOCIATION, INC.			
Principal Place of Business P O BOX 65 JENSEN BEACH, FL 34958		Mailing Address P O BOX 65 JENSEN BEACH, FL 34958	
2. Principal Place of Business 1111 SE Federal Hwy Suite, Apt. #, etc. SUITE 100 City & State Stuart, FL Zip 34994		3. Mailing Address 1111 SE Federal Hwy Suite, Apt. #, etc. SUITE 100 City & State Stuart, FL Zip 34994	
4. FEI Number 59-2433944		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORNETT, JANE L. WACKEEN, CORNETT & GOOGE, P.A. 401 EAST OSCEOLA STREET STUART, FL 34994		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIS, JOE 5779 DEER RUN DR 3-E FORT PIERCE, FL 34951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKOSKI, AL 5701 DEER RUN DR FT PIERCE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERN, DEXTER 5749 DEER RUN DRIVE FT PIERCE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOVAK, VERA 5201 DEER RUN DR 4-A FORT PIERCE, FL 34951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCANN, JIM 5731 DEER RUN DR 2-N FORT PIERCE, FL 34951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u>Al Burkowski</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>2-26-05</u> Daytime Phone # _____	

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