

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755383

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: GOLF LAKE VILLAS ASSOCIATION, INC.

## Current Principal Place of Business:

1111 SE FEDERAL HWY  
SUITE 100  
STUART, FL 34994

## New Principal Place of Business:

## Current Mailing Address:

1111 SE FEDERAL HWY  
SUITE 100  
STUART, FL 34994

## New Mailing Address:

FEI Number: 59-2433944      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DAVIS, JOE  
Address: 5779 DEER RUN DR 3-E  
City-St-Zip: FORT PIERCE, FL 34951

Title: VPD ( ) Delete  
Name: NESSELEADE, KATHIE  
Address: 5707 DEER RUN DR #4-H  
City-St-Zip: FORT PIERCE, FL 34951

Title: TD ( ) Delete  
Name: HOUGH, JAMES  
Address: 5749 DEER RUN DRIVE  
City-St-Zip: FORT PIERCE, FL 34951

Title: SD ( ) Delete  
Name: HETHERMAN, LOIS  
Address: 5729 DEER RUN DR 2G  
City-St-Zip: FORT PIERCE, FL 34951

Title: D ( ) Delete  
Name: MENDILLO, JOHN  
Address: 5783 DEER RUN DR #4-F  
City-St-Zip: FORT PIERCE, FL 34951

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JOE DAVIS

PRES

02/26/2009

Electronic Signature of Signing Officer or Director

Date