

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 766708**

1. Entity Name  
GOLF VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
772 CORTARO DR. SUITE B  
SUITE B  
SUN CITY CENTER, FL 33573

Mailing Address  
772 CORTARO DR. SUITE B  
SUITE B  
SUN CITY CENTER, FL 33573



01092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2529054

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAUTHIER, DAVID  
772 CORTARO DR. SUITE B  
SUN CITY CENTER, FL 33573

**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

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, 2006

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  
TD  
HILL, ELAINE  
1308 SPRY COURT  
SUN CITY CENTER, FL 33573

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
BURT, ADRIAN  
1305 SPRY COURT  
SUN CITY CENTER, FL 33573

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
GERESY, PATSY  
1302 SPRY CT.  
SUN CITY CENTER, FL 33573

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
BURT, JEAN  
1305 SPRY CRT  
SUN CITY CENTER, FL 33573

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1100000453164  
03/18/06-80021-002 61.25

**DO NOT WRITE  
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:

*Christine Hill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb. 24, 2006*  
Date

Daytime Phone #