

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90040 016 \*\*\*\*61.25

**DOCUMENT # 768589**

1. Entity Name  
**GOLF POINTE AT PALM-AIRE COUNTRY CLUB  
ASSOCIATION, INC.**



Principal Place of Business  
**9031 TOWN CENTER PKWY  
BRADENTON, FL 34202 US**

Mailing Address  
**9031 TOWN CENTER PKWY  
BRADENTON, FL 34202 US**

**40022785**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

**59-2323454**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMI-ADVANCED MANAGEMENT INC.  
9031 TOWN CENTER PKWY  
BRADENTON, FL 34202**

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 D ☒ Delete  
NAME BUNT, LILA  
STREET ADDRESS 7322 GOLF POINTE CIR  
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Change ☒ Addition  
NAME Stuart Baldinger  
STREET ADDRESS 5581 Golf Pointe Dr  
CITY-ST-ZIP Sarasota, FL 34243

TITLE S ☐ Delete  
NAME LANE, SHIRLEY  
STREET ADDRESS 5570 GOLF POINTE DR  
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Change ☒ Addition  
NAME T Jerry Carmonas  
STREET ADDRESS 5647 Golf Pointe Dr  
CITY-ST-ZIP Sarasota, FL 34243

TITLE PT ☐ Delete  
NAME COTNER, ROY  
STREET ADDRESS 5453 GOLF POINTE DR  
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Change ☐ Addition  
NAME Constance Gantz  
STREET ADDRESS 7304 Golf Pointe Circle  
CITY-ST-ZIP Sarasota, FL 34243

TITLE D ☐ Delete  
NAME STONER, HENRY  
STREET ADDRESS 7302 GOLF POINTE CIR  
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME O'LEARY, DAN  
STREET ADDRESS 7260 GOLF POINTE WAY  
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/05 (941) 351-7137