
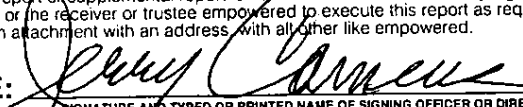


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90268 022 ****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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2323454	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AMI-ADVANCED MANAGEMENT INC. 9031 TOWN CENTER PKWY BRADENTON, FL 34202				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALDINGER, STUART		NAME		
STREET ADDRESS	5581 GLOF POINTE DR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANE, SHIRLEY		NAME		
STREET ADDRESS	5570 GOLF POINTE DR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COTNER, ROY		NAME	ROY COTNER	
STREET ADDRESS	5453 GOLF POINTE DR		STREET ADDRESS	5453 GOLF POINTE DR	
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP	Sarasota Fl 34243	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STONER, HENRY		NAME		
STREET ADDRESS	7302 GOLF POINTE CIR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'LEARY, DAN		NAME		
STREET ADDRESS	7260 GOLF POINTE WAY		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARMENS, JERRY		NAME	Treasurer Camens, Jerry	
STREET ADDRESS	5644 GOLF POINTE DR		STREET ADDRESS	5644 Golf Pointe Dr.	
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP	Sarasota, FL 34243	
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: 			Date: 3/27/06 Daytime Phone: 941-359-1134		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

00005621



01242006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2323454

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

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.

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**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

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CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP	

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

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SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/27/06 Daytime Phone: 941-359-1134