

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90019 018 ****61.25

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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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



03262008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2323454

Applied For
 Not Applicable

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BALDINGER, STUART	
STREET ADDRESS	5581 GLOF POINTE DR	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANE, SHIRLEY	
STREET ADDRESS	5570 GOLF POINTE DR	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COTNER, ROY	
STREET ADDRESS	5453 GOLF PT DR	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	<input type="checkbox"/> Delete
NAME	GANZ, JAN	
STREET ADDRESS	7302 GOLF POINTE CIR	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'LEARY, DAN	
STREET ADDRESS	7260 GOLF POINTE WAY	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAMENS, JERRY	
STREET ADDRESS	5647 GOLF PT DR	
CITY-ST-ZIP	SARASOTA, FL 34243	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT BENNETT	
STREET ADDRESS	7261 Golf Pointe Way	
CITY-ST-ZIP	Sarasota FL 34243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowerments.

SIGNATURE: Jerry Camens 4/2/08 / 941-351846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #